

## **EXHIBIT A**

Fill in this information to identify the case:

Debtor name KOSSOFF PLLC  
United States Bankruptcy Court for the SOUTHERN District of NY  
(State)  
Case number (if known): 21-10699

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B .....

\$ 0

1b. Total personal property:

Copy line 91A from Schedule A/B .....

\$ 174,892 \*

1c. Total of all property:

Copy line 92 from Schedule A/B .....

\$ 174,892 \*

\* AT LEAST (SEE BELOW)

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....

\$ 7,945,000

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F .....

\$ 2,382,000 \*

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....

+ \$ 18,517,000 \*

\* AT LEAST SEE BELOW

4. Total liabilities:

Lines 2 + 3a + 3b

\$ 28,844,000

WHenever an asterisk (\*) appears by a question, it signifies that much of the information and/or documents to accurately answer are in the possession of the DA and/or trustee or are otherwise not available to me so responses are partial.

Fill in this information to identify the case:

Debtor name \_\_\_\_\_  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_ (State) \_\_\_\_\_  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor:

Current value of debtor's interest

2. Cash on hand

\$ — 0 —

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number  
3.1. SEE ADDENDUM \_\_\_\_\_  
3.2. \_\_\_\_\_

\$ 85,892

4. Other cash equivalents (Identify all)

4.1. UNDEPOSITED CLIENT  
4.2. CHECKS GIVEN TO TRUSTEE  
4.3. UPON APPOINTMENT (A/R/POK)

\$ 34,000

5. Total of Part 1

\$ 119,892

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit  
7.1. COLUMBUS PROPERTIES, LEASE  
7.2. SECURITY

UNKNOWN  
BEAT  
LAST 55,000

Debtor

**KOSSOFF LLC**  
Name

Case number (if known)

**21-10699**

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. **NONE** \$ **0**  
8.2. \$

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$55,000**

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

Current value of debtor's interest

**11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ = \_\_\_\_\_ →  
face amount doubtful or uncollectible accounts

**\$ UNKNOWN**

11b. Over 90 days old: \_\_\_\_\_ = \_\_\_\_\_ →  
face amount doubtful or uncollectible accounts

**\$ UNKNOWN**

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$ UNKNOWN**

**Part 4: Investments**

**13. Does the debtor own any investments?**

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_  
14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_  
15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_  
16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$ 0**



Debtor

**KOSSOFF LLC**  
Name

Case number (if known)

**21-10699**

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	MM / DD / YYYY	\$		\$
20. Work in progress	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$		\$
22. Other inventory or supplies	MM / DD / YYYY	\$		\$
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ <b>0</b>

24. Is any of the property listed in Part 5 perishable?

- ☐ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No  
☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

Debtor

KOSSOFF PLLC  
Name

Case number (if known)

21-10699

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ 0

34. Is the debtor a member of an agricultural cooperative?

- ☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No  
☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture <u>SEE ADDENDUM</u>	\$ _____	_____	\$ <u>0</u>
40. Office fixtures <u>SEE ADDENDUM</u>	\$ _____	_____	\$ <u>0</u>
41. Office equipment, including all computer equipment and communication systems equipment and software <u>SEE ADDENDUM</u>	\$ _____	_____	\$ <u>0</u>
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 <u>NONE</u>	\$ _____	_____	\$ <u>0</u>
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 0

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Debtor

**KOSSOFF PLC**

Case number (if known)

**21-10699**

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels.</b>			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
_____	\$ _____	_____	\$ _____

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 0

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

Debtor

Name

KOSCOFF PULL

Case number (if known)

21-10699

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.

☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property (Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available)	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 4TH FLOOR	LEASE-	\$	UPON INFORMATION AND	
55.2 OF 217 BROAD	HOLD	\$	DEBITE TRUSTEE HAS	
55.3 WAY, NY, NY		\$	ALREADY REJECTED	
55.4		\$	THIS LEASE AND	
55.5		\$	RETURNED POSSESSION	
55.6		\$	TO DEBTOR'S	
			LANDLORD,	

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 10: Intangibles and Intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$
66. Total of Part 10.			\$ 0

Add lines 60 through 65. Copy the total to line 89.

Debtor

Name

KOSSOFF PLC

Case number (if known)

21-10699

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

71. Notes receivable \*

Description (include name of obligor)

SEE ADDENDUM

UNKNOWN

ALL

Total face amount

doubtful or uncollectible amount

Current value of  
debtor's interest

0

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

NONE

Tax year

Tax year

Tax year

0

0

0

73. Interests in insurance policies or annuities

NONE

0

74. Causes of action against third parties (whether or not a lawsuit has been filed)

NONE

0

Nature of claim

Amount requested

\$

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

NONE

0

Nature of claim

Amount requested

\$

76. Trusts, equitable or future interests in property

NONE

0

77. Other property of any kind not already listed Examples: Season tickets, country club membership \*

SEE ADDENDUM

0

0

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

0

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Debtor

**KOSSOFF PULC**

Case number (if known)

**21-10629**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ <b>119,892</b> (PARTIAL)	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ <b>55,000</b> (PARTIAL)	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ <b>UNKNOWN</b>	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ <b>0</b>	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ <b>0</b>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ <b>0</b>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ <b>0</b>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ <b>0</b>	
88. Real property. <i>Copy line 56, Part 9.</i>		\$ <b>0</b>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ <b>0</b>	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$ <b>0</b>	
91. Total. Add lines 80 through 90 for each column. 91a.	<b>174,892</b>	91b. \$ <b>0</b>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	<b>(PARTIAL) \$174,892</b>	

Fill in this information to identify the case:

Debtor name **KOSSOFF PULC**  
United States Bankruptcy Court for the **SOUTHERN** District of **NY**  
(State)  
Case number (if known): **21-10699**

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property? ☒

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. **SEE ADDENDUM**

Column A  
Amount of claim  
Do not deduct the value  
of collateral

Column B  
Value of collateral  
that supports this  
claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

☐ No  
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

Last 4 digits of account number

☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:  
Check all that apply.

☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

☐ No  
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

Last 4 digits of account number

☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:  
Check all that apply.

☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**7,945,000**



Fill in this information to identify the case:

Debtor **KOSSOFF PLLC**  
United States Bankruptcy Court for the **SOUTHERN** District of **NY**  
Case number (if known) **21-10699**

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2. \*

**SEE ATTACHED ADDENDUM**

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Total claim \$ \_\_\_\_\_ Priority amount \$ \_\_\_\_\_

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)



Debtor

Name

KOSSOFF PLLC

Case number (if known)

21-10699

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

SEE ADDENDUM

Amount of claim

**3.1 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☐ No  
☐ Yes

**3.2 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☐ No  
☐ Yes

**3.3 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☐ No  
☐ Yes

**3.4 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☐ No  
☐ Yes

**3.5 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☐ No  
☐ Yes

**3.6 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☐ No  
☐ Yes

Debtor

KOSSOFF LLC

Case number (if known)

21-10699

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims** \*

Name and mailing address

SEE ADDENDUM.

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number,  
if any

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Line \_\_\_\_\_

☐ Not listed. Explain \_\_\_\_\_

Debtor

Name

ROSSOFF PUE

Case number (if known)

21-10699

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

6. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 2,382,000 <sup>14</sup>

5b. Total claims from Part 2

5b.

+ \$ 18,517,000 <sup>14</sup>

5c. Total of Parts 1 and 2

5c.

\$ 20,899,000 <sup>14</sup>

Lines 5a + 5b = 5c.

**\*\* AT LEAST**

Fill in this information to identify the case:

Debtor name KOSSOFF PLLC  
United States Bankruptcy Court for the Southern District of NY  
Case number (if known): 21-10699 Chapter —

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	<u>CORPORATE LEASE, DEBTOR WAS THE TENANT APPROX 5 YEARS LEFT</u>	<u>COLUMBUS PROPERTIES 217 BROADWAY NY, NY 10007 7TH FLOOR</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name

KOSKOFF PLLC

United States Bankruptcy Court for the

SOUTHERN

District of

NY  
(State)

Case number (if known):

21-10699

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors** \*

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes **SEE ADDENDUM, PAGE 3, AT THE END OF THE SECURED CREDITORS SECTION**

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1

BURTON  
Packaging  
CO, INC.217 BROADWAY  
SUITE 401  
NY, NY 10007

City State ZIP Code

☐ D  
☐ E/F  
☐ G

2.2

TENANT SERVICES  
LLC SAME AS ABOVE

City State ZIP Code

☐ D  
☐ E/F  
☐ G

2.3

City State ZIP Code

☐ D  
☐ E/F  
☐ G

2.4

City State ZIP Code

☐ D  
☐ E/F  
☐ G

2.5

City State ZIP Code

☐ D  
☐ E/F  
☐ G

2.6

City State ZIP Code

☐ D  
☐ E/F  
☐ G

Fill in this information to identify the case and this filing:

Debtor Name

KOSSOFF PLLC

United States Bankruptcy Court for the

SOUTHERN

District of

NY

(State)

Case number (if known):

21-10699

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3671.

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)

☒ Schedule H: Codebtors (Official Form 206H)

☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)

☐ Amended Schedule \_\_\_\_\_

☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

☒ Other document that requires a declaration:

ADDENDUM TO SCHEDULES  
AND ALL ATTACHMENTS

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

11/28/2021

MM/DD/YYYY

x

Signature of individual signing on behalf of debtor

MITCHELL KOSSOFF

Printed name

DESIGNATED PARTY

Position or relationship to debtor

Kossoff PLLC

21-10699

**ADDENDUM**

Page One

**Schedule A/B – Part 1- Accounts**

Valley National Bank	Checking	0201	\$85,892
Valley National Bank	IOLA	6576	unknown
Signature Bank	Checking	4727	unknown
Signature Bank	IOLA	4735	unknown

**Schedule A/B – Part 7 – Office Furniture**

The Trustee has already determined in a prior Notice to Abandon filed with the Court that the Debtor's office furniture, fixtures and equipment are of insufficient value to justify an auction and, upon information and belief, Trustee has allowed debtor's landlord to dispose of these items as it sees fit.

**Schedule A/B – Part 11 – Other Assets**

Debtor since its formation in 2014 has advanced and/or loaned significant sums to both Burton Packaging Co., Inc and Tenantracers, LLC.

However, these amounts were never memorialized by promissory notes and so this response could be categorized as an answer to both questions "71" and "77". Further and although the sums loaned or advanced by debtor to both of these companies are extremely significant, there is no reasonable expectation of recovering any of such amounts inasmuch as they are all out of business and saddled with an extreme amount of priority or secured debt which greatly exceeds the minimal value of their existing assets.

**Schedule D: Secured Creditors**

Upon information and belief for all of the secured creditors listed below the property that is subject to lien consists of all of debtor's assets listed in Schedules A/B and the value of this collateral is consisted with the responses contained in Schedules A/B. Furthermore, the amount of each claim is an estimation for the reasons stated at the bottom of Official Form 206 and does not include any penalties, interest or legal fees that may also be due and owing.



Kossoff PLLC

21-10669

Page Two

**Schedule D: Secured Creditors (cont . . .)**

Ace Funding

(address unknown)

info@acefundingsource.cash

(631) 766-3425

\$ 23,000.00

Apex Funding

(address unknown)

c/o Josh Eisenberg

(848) 373 - 4898

(786) 600 - 3611

508,000.00

Biz Funding

(no information available)

20,000.00

Capital Stack, LLC

c/o Eprodigy - Attention: Brian

90 Broad Street

New York, New York 10004

(813) 340-0593

3, 948,000.00

Cedar Advance, LLC

2917 Avenue I

Brooklyn, New York 11210

funding@cedaradvance.com

(718) 400 - 9030

217,000.00

Columbus Properties, Inc.

Attention: John Dimurro

217 Broadway - 7<sup>th</sup> Floor

New York, New York 10007

1, 500,000.00



**Kossoff PLLC**

**21-10699**

**Page Three**

**Schedule D: Secured Creditors (cont. . .)**

Elite Enterprises of NY, Inc.

247-44 90<sup>th</sup> Avenue

Bellerose, NY 11426

\$ 651,000.00

Glo Funding

Attention: Andy Getreu

(address unknown)

[andy@onewayfunding.com](mailto:andy@onewayfunding.com)

(516) 444 -0804

602,000.00

World Global Funding, LLC

Attn.: Marcus Elias

Adar Realty Mgmt.

5309 13<sup>th</sup> Avenue

Brooklyn, New York 11219

(732) 385 - 5550 ext. 108

473,000.00

Upon information and belief, both Tenantracers, LLC and Burton Packaging Co., Inc. are jointly and severally liable to the secured parties for the amounts set forth above with the exception of Columbus Properties (debtor's landlord).

**Schedule E/F: Creditors (Priority and Unsecured)**

**Part 1 – Priority**

Upon information and belief, because debtor is wholly owned by Mitchell H. Kossoff, his wife, Pamela Kossoff may have a priority claim against the assets of the debtor for an eventual award of spousal support pursuant to either 11 US Code Section 507(a)(1)(A) & (B). Her address is Pamela Kossoff, [REDACTED]  
[REDACTED] The amount of this claim is unknown. Her email is Pamela.Kossoff@gmail.com.

Kossoff PLLC  
21-10699  
Page Four

**Part 1 – Priority (cont. . .)**

Upon information and belief Albert Togut, the interim bankruptcy trustee, and his law firm may have a priority claim under 11 US Code Section 507(a)(1)(C) and 507(a)(2); however, the amount of these claims are unknown. The address for the trustee and his law firm is Togut, Segal & Segal, One Pennsylvania Plaza, Suite 3335, New York, NY 10119.

Valley National Bank is upon information and belief a federal reserve bank which has extended loans to debtor pursuant to programs noted in Section 507(a)(2) also known as PPP loans. The approximate amount of these loans excluding interest, fees and penalties is **two million**. The address for VNB in this regard is SBA/Valley National Bank, Attn. Hugh Rabjohns, 1902 N. Avenida DeCuba, Tampa, Florida 33605 and email is hrabjohns@Valley.Com.

Undersigned is not privy to the names or claims of entities or individuals who may have filed a proof of claim with this Court under 11 US Code Section 501 and who may be eligible for a priority under sections 11 US Code 503(b) and 11 USC 507(a)(3).

Attached to this addendum is a list of employees of debtor and their addresses who may be owed wages, salaries or commissions from debtor in accordance with 507(a)(4); however, the undersigned has no information of the amounts that may be owed.

Pursuant to Section 507(a)(8) the IRS has asserted a claim for withholding tax due for the tax period ending 12/31/2015 in the approximate sum of **\$382,000**. Their address for is Department of the Treasury, Internal Revenue Service, Cincinnati, Ohio 45999-0038. In addition and under this section there may be withholding taxes due to both New York State and the Department of the Treasury for the three years before the date of the filing of the bankruptcy

**Kossoff PLLC**  
**21-10699**  
**Page Five**

**Part 1 – Priority (cont . .)**

petition although the amount of these taxes is unknown. The mailing address for the IRS is Internal Revenue Service, P.O. box 7346, Philadelphia, PA 19101-7346 and the mailing address for New York State is NYS Department of Taxation and Finance, Attn: Office of Counsel, Building 9, W A Harriman Campus, Albany, NY 1227.

Upon information and belief all of the above claims are unliquidated and the 2015 claim for withholding by the IRS is disputed.

**Part 2 – Nonpriority Unsecured Creditors List**

All bills from debtor's vendors or suppliers that the undersigned could locate are annexed to this addendum in alphabetical order, upon information and belief the trustee would have more up to date information since it has been collecting all of debtor's mail since it took possession of debtor's leased premises months ago and at least the amounts set forth in the attached bills are owed. Also the names and addresses of these creditors appears on the attached invoices. Further these claims are not subject to offset and the total due is **\$196,000** and these amounts are not disputed.

Univest Capital Inc. with an address of P.O. Box 1329, Bensalem PA 19020-1329 and an attorney's address of Cohen Fineman LLC, 1999 Marlton Pike East, Suite 4, Cherry Hill, NY 08003 has asserted a claim against the debtor in the sum of **\$20,891** together with interest, penalties and legal fees on a defaulted installment note & security agreement.

The undersigned is aware of a claim asserted by a credit card company against the debtor in a lawsuit commenced by American Express National Bank in the amount of **\$90,715.13**. The address for plaintiff's counsel is Anthony J. Miglaccio, Esq., 200 Vesey Street, NY, NY 10285.

Kossoff PLLC

21-10699

Page Six

**Part 2 – Non-Priority (cont. . .)**

John Boswell with an address of 330 East 38<sup>th</sup> Street, Apt. 46-1, New York, New York 10016 has asserted a claim against debtor in the sum of **\$500,000** plus interest, late charges, and legal fees based upon a defaulted promissory note and extension agreement.

Evan Xenopoulos with an address c/o Paul Petras, Esq., 60 Hillside Avenue, Manhasset, NY 11030-2230 has a claim against debtor in the approximate sum of **\$550,000** plus interest, late fees and attorney's fees pursuant to a defaulted promissory note

Phyllis Kossoff with an address of [REDACTED] has a claim against the debtor for a defaulted Promissory Note in the approximate sum of **\$474,729** plus interest, legal fees and late charges.

Ernest Perevoski with an address of 3463 State Street, #511, Santa Barbara, California 93105 has a claim against the debtor in the approximate sum of **\$850,000** plus interest, late fees and late charges pursuant to a defaulted Loan Modification and Extension Agreement.

Michael Besen with an address of 381 Park Avenue South, New York, New York has a claim against the debtor in the approximate sum of **\$890,000** plus interest, legal fees and late fees pursuant to a defaulted Superseding and Consolidated Promissory Note.

Upon information and belief employees of debtor may also have claims for damages against debtor for causes of action yet to be asserted and for amounts unknown and causes of action unknown to the undersigned.

Chad Eggers with an address of 185 East 85<sup>th</sup> Street, NY, NY 10028 has asserted a claim against debtor for missing escrow funds in the sum of **\$158,000**.

**Kossoff PLLC**

**21-10699**

**Page Seven**

**Part 2 – Non-Priority (cont...)**

The Estate of Peyton with an address c/o Angela Easley, 1700 Binford Court, Richmond, Virginia 23223 has asserted a claim against debtor in the sum of **\$34,000**.

Irwin Ostrega with an address of 322 West 57<sup>th</sup> Street, Apt. 41-S, NY<NY 10019 and c/o Steven Heller, Esq., 15 Hastings Street, Dix Hills, NY 11746 has asserted a claim against debtor in the sum of **\$160,000** for missing escrow funds.

Giorgio Angelini/ Gran Sabana Corporation N.V. with a business address of 4299 NW 36<sup>th</sup> Street, Suite #1, Miami Springs, Florida and c/o Pillsbury Winthrop Shaw Pittman LLP, 31 W 52<sup>nd</sup> Street, 29<sup>th</sup> Floor, NY, NY 10019 have asserted claims against the debtor in the approximate sum of **\$4,500,000** for missing escrow funds.

David Svenson and Katherine El-Hillow with an address of 35 Charter Oak Lane, New Canaan CT 06840 have asserted a claim against the debtor in the sum of **\$25,000** for missing escrow funds.

Georgica Capital Partners, LLC with an address of c/o Curtis Sachs, 155 East 55<sup>th</sup> Street, Suite 5F, NY, NY 10022 has asserted a claim against the debtor in the sum of **\$61,250** for missing escrow funds.

Louis and Jeanmarie Giordano with an address of 48 Strong Place, Brooklyn, NY 11231 have asserted a claim against the debtor in the sum of **\$250,000** for missing escrow funds.

Coco-Mat 49 Mercer LLC c/o Berliner & Pilson, 40 Cutter Mill Road, Suite 308, Great Neck, NY 11021 has asserted claims against the debtor totaling **\$191,000** for missing escrow funds.

Kossoff PLLC

21-10699

Page Eight

**Part 2 – Non-Priority (cont...)**

118 Duane, LLC and Decker Associates both with an address of United American Land, 73 Spring Street, 6<sup>th</sup> Floor, NY, NY 10012 have been awarded default judgments against the debtor for **\$2,495,558** and **\$823,727** respectively for missing escrow funds. It is unknown by the debtor what law firm is representing these entities.

Aurora Capital Assets c/o SCF Management LLC, 1407 Broadway, 41<sup>st</sup> Floor, NY, NY 10018 have asserted claims against the debtor for **\$3900** and **\$100,000** for legal fees paid and missing escrow funds.

Sasson Real Estate Group with an address of 42 Main Street, Suite 203, Nyack, NY 10960 have asserted a claim against the debtor for **\$342,500** for missing escrow funds.

537 Realty Associates LLC with an address c/o Rob Yaffa ,30 East 81<sup>st</sup> Street, Apt. 11B. NY, NY and c/o Karlinsky LLC, 570 Lexington Avenue, Suite 1600, NY, NY 10022 was awarded a default judgment against debtor in the sum of **\$609,385** for missing escrow funds and has asserted an additional claim against the debtor for **\$2,000,000** for damages relating to a loss of 1031 tax benefits.

Jonathan Ostrow with an address of 1 Meadow Road, Old Westbury, NY 11568 has asserted a claim against the debtor in the sum of **\$250,000** for missing escrow funds.

Heiner Friedrich with an address of 182 Sagg Road, Sagaponack, NY 11962 has asserted a claim against the debtor in the sum of **\$291,000** for missing escrow funds.

Jason Breitstone having an address of 39 Bramble Lane, Melville, NY 11747 has asserted a claim against the debtor in the sum of **\$30,625** for missing escrow funds.

Kossoff PLLC

21-10699

Page Nine

**Part 2 – Non-Priority (cont...)**

David Shorenstein having an address of 130 West 19<sup>th</sup> Street, PHB1, NY, NY 10011 has asserted a claim against debtor in the sum of **\$30,625** for missing escrow funds.

SSM Realty Group II LLC c/o Borah Golstein, Altschuler Nahins & Goidel, P.C., 377 Broadway, 6<sup>th</sup> Floor, NY, NY 10013 who sued for breach of a loan agreement and missing escrow funds was awarded a default judgment against debtor in the sum of **\$1,565,042**.

Prince Street Holdings c/o Meister Seelig & Fein LLP, 125 Park Avenue, 7<sup>th</sup> Floor, NY, NY 10017 who sued for missing escrow funds was awarded a default judgment against the debtor in the sum **\$555,275**.

Suydam 1, LLC and 818 Woodward LLC c/o Smith Buss & Jacobs LLP, 733 Yonkers Avenue, Suite 200, Yonkers, NY 10704 have asserted a claim against debtor in the sum of **\$180,000** together with interest, penalties and attorneys' fees based upon a defaulted loan agreement.

3432 43<sup>rd</sup> LLC and 5557 LLC c/o Albanese & Albanese, 1050 Franklin Avenue, Garden City, New York 11530 have filed a complaint against Debtor in the sum of **\$3900** for breach of contract, **\$81,000** for missing escrow funds and breach of contract and an indeterminate amount for lost rental income, together with court costs, interest and legal fees.

Valley National Bank with an address of One Jericho Plaza, Suite 107, Jericho, NY 11753 has asserted a claim against the debtor on a defaulted demand note for **\$200,902** plus interest, penalties and attorneys' fees.



# Employee Summary

Employee Information	Earnings			Taxes			Deductions			Disbursement Type
	Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
<b>Pay Frequency:</b> <b>Alexandra, Quentin A</b> 360 West 43rd Street Apt S23D New York, NY 10036 Home Phone: Mobile: Salary Per Pay: 1442.31 SSN: xxx-xx-xxxx Hire Date: 10/28/2019 <del>Status: Active</del> <del>Emp Type: Full time</del>	Weekly	13,480.79	0.00	FIT	Married/1	1,124.85	New York	0.50%	5.40	Check
	Gross	12,980.79	0.00	SOCSEC		808.52	voluntary			
	Regular	500.00	0.00	MEDICARE		189.09	disability			
	Bonus			NY SIT	Married/1	648.01	Medical pre-tax	22.04	176.32	
				NY PFL		20.86	1			
				NY-New York		445.73	Transit pass	29.31	263.79	
				City Resident			pre-tax			
				LIT						
<del>Status: Active</del> <del>Emp Type: Full time</del>										
<b>Almodovar, Jennifer</b> 29-50 170th Street Flushing, NY 11358 Home Phone: Mobile: Salary Per Pay: 1125.00 SSN: xxx-xx-xxxx Hire Date: 9/17/2016 <del>Status: Active</del> <del>Emp Type: Full time</del>										
	Gross	59,000.00	0.00	FIT	Married - but	6,409.50	New York	0.50%	31.20	Check
	Regular	58,500.00	0.00		withhold at		voluntary			
	Bonus	500.00	0.00		higher single		disability			
					rate/0		Medical pre-tax	58.81	3,056.12	
					FIT - Addit		1			
					\$5.00		Transit pass	62.31	3,129.24	
							pre-tax			
				SOCSEC		3,274.38				
				MEDICARE	Married/1	765.78				
				NY SIT		2,421.07				
				NY PFL		89.44				
				NY-New York		1,657.84				
				City Resident						
				LIT						
<b>Arzano-Barbano, Paola</b> 193 Clinton Avenue Apt 5A Brooklyn, NY 11205 Home Phone: Mobile: Salary Per Pay: 2500.00 SSN: xxx-xx-xxxx Hire Date: 1/12/2015 <del>Status: Active</del> <del>Emp Type: Full time</del>										
	Gross	120,615.44	0.00	FIT	Single/2	19,335.71	New York	0.50%	31.20	Check
	Regular	119,615.44	0.00	SOCSEC		7,295.47	voluntary			
	Bonus	1,000.00	0.00	MEDICARE		1,708.20	disability			
				NY SIT	Single/Head of	6,667.07	Medical pre-tax	27.70	1,440.40	
					Household/2		1			
				NY PFL		107.97	Transit pass	29.31	1,506.18	
				NY-New York		4,878.08	pre-tax			
				City Resident						
				LIT						
<b>Barreira, Matre</b> 6024 20 Avenue Apt 2R Brooklyn, NY 11204 Home Phone: 7182563586 Mobile: Salary Per Pay: 1826.92 SSN: xxx-xx-xxxx Hire Date: 6/2/2014	Gross	95,489.84	0.00	FIT	Single/0	15,734.21	New York	0.50%	31.20	Check
	Regular	94,989.84	0.00	SOCSEC		5,828.96	voluntary			
	Bonus	500.00	0.00	MEDICARE		1,392.05	disability			
				NY SIT	Single/Head of	5,087.52	Life Insurance	6.26	325.52	
					Household/0		Transit pass	30.46	1,555.07	
				NY PFL		107.97	pre-tax			
				NY-New York		3,456.37				
				City Resident						
				LIT						

Company: Kossoff PLLC

Year: 2019, Quarter: 4

1 of 18

Date Printed: 12/30/2019 16:55

21171837 - RX/GAX

CROSS OUT EMPLOYEES WHO WERE UPON  
INFORMATION AND BELIEF NOT WORKING AS OF 1/1/21



# Employee Summary

Employee Information		Earnings		Taxes		Deductions		Disbursement Type
Description	Amount	YTD	Hours	Description	Amount	Description	Per Pay	YTD
Status: Active Emp Type: Full time								
Black, Ron 1364 York Avenue New York, NY 10021 Home Phone: Mobile: Salary Per Pay: 2019.23 SSN: xxx-xx-xxxx Hire Date: 3/19/2012	Gross Regular Bonus 107,519.19 107,019.19 500.00	0.00 0.00 0.00		FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	18,507.23 8,499.65 1,543.47 5,890.19 107.97 3,878.35	New York voluntary disability Medical pre-tax 1	0.50%  20.94	31.20  1,073.28
Status: Active Emp Type: Full time								
Booth, Andreane 3310 Avenue H Apt 2J Brooklyn, NY 11210 Home Phone: Mobile: Salary Per Pay: 1923.08 SSN: xxx-xx-xxxx Hire Date: 8/27/2006	Gross Regular Bonus Misc pay 100,693.16 100,000.16 500.00 193.00	0.00 0.00 0.00 0.00		FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	16,111.00 5,921.20 1,984.80 5,189.48 107.97 3,523.11	New York voluntary disability Medical pre-tax 1 Life insurance Transit pass pre-tax	0.50%  70.80 2.13 28.31	31.20  3,663.73 110.76 1,506.18
Status: Active Emp Type: Full time								
Buchanan, Carla Y 126 Christopher Street Montclair, NJ 07042 Home Phone: Mobile: Salary Per Pay: 3567.69 SSN: xxx-xx-xxxx Hire Date: 11/18/2014	Gross Regular Bonus 173,980.63 172,980.63 1,000.00	0.00 0.00 0.00		FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	30,149.79 8,239.80 2,480.09 10,645.83 107.97 0.00	New York voluntary disability Parking pass pre-tax Transit pass pre-tax	0.50%  0.00 61.15	31.20  244.60 2,695.60
Status: Active Emp Type: Full time								
Cohen, Michael I 25 Elizabeth Street Farmingdale, NY 11735 Home Phone: Mobile: Salary Per Pay: 2596.15 SSN: xxx-xx-xxxx Hire Date: 6/10/2010	Gross Regular Bonus 136,999.80 134,999.80 1,000.00	0.00 0.00 0.00		FIT SOCSEC MEDCARE NY SIT NY PFL	24,168.56 8,614.00 1,874.24 7,692.26 107.97	New York voluntary disability Medical pre-tax 1 Life insurance Transit pass pre-tax	0.50%  70.80 74.30 58.85	31.20  3,691.60 3,863.60 3,090.20

Company: Kossoft PLLC  
Year: 2019, Quarter: 4

2 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX

# Employee Summary

Employee Information		Earnings		Taxes		Deductions		Disbursement Type
Description	Amount	YTD	Hours	Description	Over/Under	YTD	Per Pay	YTD
Emp Type: Full time								
Conrad, Matthew A 204 East 77th Street Apt 4D New York, NY 10077 Home Phone: Mobile: Salary Per Pay: 1346.15 SSN: xxx-xx-xxxx Hire Date: 9/10/2018 Termination Date: 6/28/2019 Last Day Worked: 6/27/2019 Status: Terminated Emp Type: Full time	Gross Regular 35,000.15 35,000.16	0.00 0.00	FIT SOCSEC MEDICARE NY SIT NY PFL NY-New York City Resident LIT	Single/0 Single/Head of Household/0 Household/0	5,047.64 2,123.88 496.71 1,754.08 58.56 1,192.82	New York voluntary disability Transit Pass pre-tax	0.50% 29.31	15.60 743.99
Coorte, Cassandra 140 Bellamy Loop Apt 9C Bronx, NY 10475 Home Phone: Mobile: Salary Per Pay: 1442.31 SSN: xxx-xx-xxxx Hire Date: 7/28/2014 Status: Active Emp Type: Full time	Gross Regular 75,500.12 500.00	0.00 0.00	FIT SOCSEC MEDICARE NY SIT NY PFL NY-New York City Resident LIT	Single/1 Single/Head of Household/1	10,143.17 4,543.37 1,052.56 3,728.98 1,07.97 2,535.34	New York voluntary disability Life Insurance Loan Transit Pass pre-tax	0.50% 3.24 100.00 42.89	31.20 188.48 210.00 2,219.88
Coorte, Raven 1270 Ocean Avenue Apt 1C Brooklyn, NY 11223 Home Phone: Mobile: Salary Per Pay: 1250.00 SSN: xxx-xx-xxxx Hire Date: 7/7/2008 Status: Active Emp Type: Full time	Gross Regular 54,250.00 600.00	0.00 0.00	FIT SOCSEC MEDICARE NY SIT NY PFL NY-New York City Resident LIT	Single/1 Single/Head of Household/1	6,026.98 3,038.86 728.56 2,414.71 82.13 1,645.25	New York voluntary disability Medical pre-tax Life Insurance	0.50% 101.14 1.73	25.80 4,349.07 74.39
Gronin, Michael P 139 Apple Hill Weathersfield, CT 06093 Home Phone: Mobile: Hourly: 20.0000 SSN: xxx-xx-xxxx Hire Date: 6/3/2019 Status: Active Emp Type: Full time	Gross Regular 12,000.00 400.00	0.00 0.00	FIT SOCSEC MEDICARE NY SIT NY PFL	Single/2 Single/Head of Household/2	1,327.40 744.00 174.00 577.80 18.40	New York voluntary disability	0.50%	6.00

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

3 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX

# Employee Summary

Employee Information		Earnings		Taxes		Deductions		Disbursement Type	
Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
Termination Date: 8/9/2019 Status: Terminated Emp Type: Temporary									
Curtina, Michael F 82 Ft Capodanno Blvd Staten Island, NY 10314 Home Phone: Mobile: Salary Per Pay: 2403.85 SSN: xxx-xx-xxxx Hire Date: 8/30/2016 Status: Active Emp Type: Full time	Gross Regular Bonus	113,980.95 112,980.95 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/1 18,250.04 6,749.96 1,578.62 6,077.27 107.97 4,047.41	New York voluntary disability Medical pre-tax Life Insurance Transit pass pre-tax	0.50%  41.68 2.75 57.23	31.20  2,184.76 143.52 2,945.93	Check
<del>Dylewski, Christopher 35-12 24th Avenue Astoria, NY 11103 Home Phone: Mobile: Salary Per Pay: 4230.77 SSN: xxx-xx-xxxx Hire Date: 1/5/2015 Status: Active Emp Type: Full time</del>									
Elben, Matthew E 225 Grand Street Apt 1214 Jersey City, NJ 07302 Home Phone: Mobile: Salary Per Pay: 4328.92 SSN: xxx-xx-xxxx Hire Date: 6/26/2015 Status: Active Emp Type: Full time	Gross Regular Bonus Commission	239,519.84 224,326.77 1,000.00 14,193.07	0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE MEDCARE-HI NY SIT NY PFL	Single/0 54,562.50 8,239.80 3,412.96 318.40 15,449.05 107.97	New York voluntary disability Medical pre-tax Life Insurance Transit pass pre-tax	0.50%  58.81 2.02 24.46	33.00  3,058.12 105.04 1,083.76	Check
Elam, Ashley R 12 Brooklyn Avenue Apt 411 Valley Stream, NY 11581 Home Phone: Mobile: Salary Per Pay: 2403.85 SSN: xxx-xx-xxxx Hire Date: 9/29/2014	Gross Regular Bonus	118,786.65 117,786.65 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Single/10 10,531.96 7,033.52 1,844.94 5,734.33 107.87	New York voluntary disability Medical pre-tax Life Insurance Transit pass pre-tax	0.50%  41.63 1.62 62.31	31.20  2,184.76 84.24 3,180.00	Check

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

# Employee Summary

Employee Information		Earnings			Taxes		Deductions			Disbursement Type
	Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
<div>Status: Active Emp Type: Full time</div>										
Farley, Peter 160 Claremont Avenue #CD New York, NY 10027 Home Phone: Mobile: Salary Per Pay: 1442.31 SSN: xxx-xx-xxxx Hire Date: 8/20/2018		Gross Regular Bonus Misc pay	62,249.42 61,538.42 500.00 211.00	0.00 0.00 0.00 0.00	FT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/1   Single/Head of Household/1   				

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

# Employee Summary

Employee Information		Earnings			Taxes			Deductions			Disbursement Type
Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount			
Hire Date: 10/7/2013 Status: Active Emp Type: Full time			NY-New York City Resident LT		17,935.51						
Flores, Joseph A 93-48 202nd Street Hollis, NY 11423 Home Phone: Mobile: Salary Per Pay: 1250.00 SSN: xxx-xx-xxxx Hire Date: 2/16/2012 Status: Active Emp Type: Full time		Gross Regular Bonus Misc pay	65,640.00 65,000.00 500.00 140.00 0.00	0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Single/0 FIT - Addtl \$58.27 SOCSEC MEDCARE NY SIT Single/Head of Household/0 NY SIT - Addtl \$1295	8,350.01 3,773.59 882.53 3,018.87 99.54 2,055.06	New York voluntary disability Medical pre-tax Life Insurance Transit pass pre-tax	0.50% 30.10 1.62 62.31	31.20 1,596.98 84.24 8,178.89	Check
Flores, Veronica 190 Mineola Boulevard Apt 2N Mineola, NY 11501 Home Phone: Mobile: Salary Per Pay: 1316.35 SSN: xxx-xx-xxxx Hire Date: 1/1/2012 Status: Active Emp Type: Full time		Gross Regular Bonus	68,950.20 68,450.20 500.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT	Single/0 FIT - Addtl \$58.27 SOCSEC MEDCARE NY SIT Single/Head of Household/0 NY SIT - Addtl \$1295	19,111.80 4,274.91 999.78 4,177.68				Check
Fotopoulos, Alexander 30-80 23rd Street Astoria, NY 11102 Home Phone: Mobile: Salary Per Pay: 3946.15 SSN: xxx-xx-xxxx Hire Date: 6/21/2013 Status: Active Emp Type: Full time		Gross Regular Bonus Commission	204,883.84 200,961.34 1,000.00 2,992.50	0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Married/1 SOCSEC MEDCARE NY SIT Married/1 NY PFL NY-New York City Resident LT	32,993.55 8,239.80 2,882.57 12,994.97 1,079.97 7,906.77	New York voluntary disability Medical pre-tax Life Insurance Parking pass pre-tax	0.50% 61.88 1.62 60.00	31.20 3,200.52 84.00 2,895.35	Check
Friedman, Dana 29-36 211th Street Bayside, NY 11360 Home Phone: Mobile: Salary Per Pay: 1923.08 SSN: xxx-xx-xxxx Hire Date: 5/6/2013 Status: Active Emp Type: Full time		Gross Regular Bonus	100,250.16 100,000.16 250.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Single/0 FIT - Addtl \$58.27 SOCSEC MEDCARE NY SIT Single/Head of Household/0 NY SIT - Addtl \$1295	16,335.28 5,971.42 1,396.54 5,245.39 1,079.97 3,559.43	New York voluntary disability Medical pre-tax Life Insurance Parking pass pre-tax	0.50% 75.71 1.62 60.00	31.20 3,936.92 84.00 2,895.35	Check

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

# Employee Summary

Employee Information		Earnings		Taxes		Deductions		Disbursement Type
Description	Amount	YTD Hours	Description	Withholding/ Overrides	Amount	Description	Per Pay	YTD Amount
<b>George, Taira M</b>								
135-08 227th Street Laurelton, NY 11413 Home Phone: 347-865-3676 Mobile: Salary Per Pay: 865.88 SSN: xxx-xx-xxxx Hire Date: 7/21/2014 Status: Active Emp Type: Full time								
Gross Regular Bonus	43,695.93	0.00	FIT	Single/1	3,850.04	New York voluntary disability	0.50%	30.00
	43,695.93	0.00	SOCSEC		2,579.89			
	500.00	0.00	MEDCARE		601.96			
			NY SIT	Single/Head of Household/1	1,795.49	Medical pre-tax	41.63	2,081.50
			NY PFL		165.74			
			NY-New York City Resident		1,229.08			
			LIT					
<b>Gilkes, Francesca</b>								
65 East 96th Street Brooklyn, NY 11212 Home Phone: Mobile: Salary Per Pay: 1192.31 SSN: xxx-xx-xxxx Hire Date: 12/30/2013 Status: Active Emp Type: Full time								
Gross Regular Bonus	62,500.12	0.00	FIT	Married/1	4,434.03	New York voluntary disability	0.50%	31.20
	62,500.12	0.00	SOCSEC		3,504.36			
	500.00	0.00	MEDCARE		819.57			
			NY SIT	Married/1	2,651.51	Medical pre-tax	86.00	4,472.00
			NY PFL		194.64			
			NY-New York City Resident		1,811.38	Life Insurance Transit pass pre-tax	2.13	110.76
			LIT					
<b>Grasso, Meredith P</b>								
408 East 73rd Street Apt 2D New York, NY 10021 Home Phone: Mobile: Salary Per Pay: 2788.46 SSN: xxx-xx-xxxx Hire Date: 12/1/2014 Status: Active Emp Type: Full time								
Gross Regular Bonus	145,899.92	0.00	FIT	Single/3	24,235.67	New York voluntary disability	0.50%	31.20
	144,899.92	0.00	SOCSEC		8,239.80			
	1,000.00	0.00	MEDCARE		2,663.77			
			NY SIT	Single/Head of Household/3	8,496.11	Medical pre-tax	41.63	2,164.76
			NY PFL		107.97			
			NY-New York City Resident		5,392.84	Life Insurance Transit pass pre-tax	5.08	264.16
			LIT					
<b>Heddligeoright, Bessie</b>								
6 Graystone Drive East Northport, NY 11731 Home Phone: Mobile: Salary Per Pay: 2115.38 SSN: xxx-xx-xxxx Hire Date: 2/22/2016 Status: Active Emp Type: Full time								
Gross Regular Bonus	113,144.00	0.00	FIT	Single/1	17,775.57	New York voluntary disability	0.50%	32.05
	109,519.00	0.00	SOCSEC		6,797.52			
	1,000.00	0.00	MEDCARE		1,675.71			
	2,625.00	0.00	NY SIT	Single/Head of Household/1	5,896.86	Medical pre-tax	57.08	2,968.16
			NY PFL		107.97			
						Life Insurance Transit pass pre-tax	1.62	84.24
							29.31	1,506.18

Company: Kossoff PLLC  
Year: 2019, Quarter: 4



# Employee Summary

Employee Information	Earnings			Taxes			Deductions			Disbursement Type
	Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
Henry, Andreane 1637 East 95th Street Brooklyn, NY 11236 Home Phone: Mobile: Salary Per Pay: 1250.00 SSN: xxx-xx-xxxx Hire Date: 8/6/2018 Status: Active Emp Type: Full time	Gross Regular Bonus	65,250.00 64,750.00 500.00	0.00 0.00 0.00	FIT SOCSECC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Married/1	5,481.47 4,945.50 946.13 3,193.42 98.94 2,173.59	New York voluntary disability	0.50%	31.20	Check
Huest, Christopher 417 East 64th Street #2E New York, NY 10022 Home Phone: Mobile: Salary Per Pay: 576.92 SSN: xxx-xx-xxxx Hire Date: 2/16/2016 Status: Active Emp Type: Part time	Gross Regular	10,528.79	0.00	FIT SOCSECC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/1	\$82.03 628.47 146.98 343.08 16.06 242.81	New York voluntary disability Medical pre-tax Life Insurance	0.50%	11.40	Check
Jones, Brian A 109-07 225th Street Queens Village, NY 11429 Home Phone: Mobile: Salary Per Pay: 423.08 SSN: xxx-xx-xxxx Hire Date: 8/20/2018 Status: Active Emp Type: Full time	Gross Regular	22,000.16	0.00	FIT SOCSECC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/0	1,690.04 1,364.01 319.00 641.16 2.60 466.96				Check
Kahen-Kashit, Haskel 18 Arleigh Road Great Neck, NY 11021 Home Phone: Mobile: Salary Per Pay: 1442.31 SSN: xxx-xx-xxxx Hire Date: 10/28/2019 Status: Active Emp Type: Full time	Gross Regular Bonus	13,480.79 12,980.79 500.00	0.00 0.00 0.00	FIT SOCSECC MEDCARE NY SIT NY PFL	Single/2	1,647.73 820.36 191.86 654.50 20.66	New York voluntary disability Transt pass pre-tax	0.50%	5.40	Check
Kassal, Jutta 14 Kennedy Place	Gross Regular	14,923.10 14,423.10	0.00 0.00	FIT SOCSECC	Married/0	1,484.44 909.78	New York voluntary	0.50%	6.00	Check

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

8 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX

# Employee Summary

Employee Information	Description	Earnings		Description	Taxes		Description	Deductions		Disbursement Type
		YTD Amount	YTD Hours		Withholding/ Overrides	YTD Amount		Per Pay	YTD Amount	
<del>Hawthorne, NJ 07506 Home Phone: Mobile: Salary Per Pay: 14,231 SSN: xxx-xx-xxxx Hire Date: 12/21/2019 Status: Active Emp Type: Full time</del>	<del>Bonus</del>	<del>500.00</del>	<del>0.00</del>	<del>MEDCARE NY SIT NY PFL</del>	<del>Married/0</del>	<del>212.77 747.02 22.87</del>	<del>disability Medical pre-tax 1</del>	<del>27.70</del>	<del>249.30</del>	
<del>Kelly, Samantha 83-52 Talbot Street Apt 3A Kew Garden, NY 11415 Home Phone: Mobile: Salary Per Pay: 11,53.85 SSN: xxx-xx-xxxx Hire Date: 2/19/2014 Status: Active Emp Type: Full time</del>	<del>Gross Regular Bonus</del>	<del>60,500.20 60,000.20 500.00</del>	<del>0.00 0.00 0.00</del>	<del>FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT</del>	<del>Single/1 Single/Head of Household/1</del>	<del>8,416.65 3,491.77 816.62 2,673.46 92.04 1,371.19</del>	<del>New York voluntary disability Medical pre-tax 1 Life Insurance Transit pass pre-tax</del>	<del>0.50% 30.10 1.62 50.31</del>	<del>31.20 1,565.20 84.24 2,616.12</del>	<del>Check</del>
<del>Koch-Miller, Nina 94 Stockton Street Hillside, NJ 07642 Home Phone: Mobile: Salary Per Pay: 8,000.00 SSN: xxx-xx-xxxx Hire Date: 2/8/2015 Status: Active Emp Type: Full time</del>	<del>Gross Regular Bonus</del>	<del>47,820.00 47,320.00 500.00</del>	<del>0.00 0.00 0.00</del>	<del>FIT SOCSEC MEDCARE NY SIT NY PFL</del>	<del>Single/1 Single/Head of Household/1</del>	<del>3,025.26 2,695.64 616.40 1,815.95 73.05</del>	<del>New York voluntary disability Medical pre-tax 1 Transit pass pre-tax</del>	<del>0.50% 58.31 48.46</del>	<del>31.20 3,032.12 2,277.62</del>	<del>Check</del>
<del>Kossoff, Alec 245 East 58th Street Apt 25A New York, NY 10022 Home Phone: Mobile: Salary Per Pay: 8,338.46 SSN: xxx-xx-xxxx Hire Date: 01/2/2016 Termination Date: 5/3/2019 Last Day Worked: 5/3/2019 Status: Terminated Emp Type: Full time</del>	<del>Gross Regular</del>	<del>26,769.21 26,769.21</del>	<del>0.00 0.00</del>	<del>FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT</del>	<del>Single/1 Single/Head of Household/1</del>	<del>3,729.23 1,626.10 380.30 1,348.83 40.89 918.09</del>	<del>New York voluntary disability Medical pre-tax 1</del>	<del>0.50% 30.10</del>	<del>10.80 541.80</del>	<del>Check</del>

Company: Kossoff PLLC  
Year: 2019, Quarter: 4



# Employee Summary

Employee Information	Earnings			Taxes			Deductions			Disbursement Type
	Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
<b>Kosoff, Joshua</b> 107D Edgewater Park Bronx, NY 10465 Home Phone: Mobile: Salary Per Pay: 1923.08 SSN: xxx-xx-xxxx Hire Date: 9/28/2007 Status: Active Emp Type: Full time	Gross Regular Bonus	93,769.31 93,259.31 500.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/1 Single/Head of Household/1	12,514.41 5,210.26 1,218.53 4,995.80 107.97 2,992.53	New York voluntary disability Medical pre-tax Life insurance Transit pass pre-tax	0.50%  126.50 2.02 62.31	31.20 6,578.00 105.04 3,154.54	Check
<del>                         Lee, Sara                          106 Grichmans Lane                          Plainville, NY 11803                          Home Phone:                          Mobile:                          Salary Per Pay: 1442.31                          SSN: xxx-xx-xxxx                          Hire Date: 12/22/2017                          Termination Date: 8/30/2019                          Last Day Worked: 8/30/2019                          Status: Terminated                          Emp Type: Full time                     </del>	Gross Regular	25,961.58 25,961.58	0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Single/2 Single/Head of Household/2	3,042.34 1,518.18 355.06 1,219.24 39.78	New York voluntary disability Medical pre-tax 1	0.50%  74.59	10.80 1,474.86	Check
<b>Londoner, Ranaidevi</b> 185 E 85th Street New York, NY 10028 Home Phone: Mobile: Salary Per Pay: 3557.69 SSN: xxx-xx-xxxx Hire Date: 10/15/2012 Status: Active Emp Type: Full time	Gross Regular Bonus Commission	186,624.88 184,989.88 1,000.00 825.00	0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Married/00 Married/00	28,659.70 8,239.80 2,621.84 11,813.45 107.97 7,116.95	New York voluntary disability Medical pre-tax 1 Transit pass pre-tax	0.50%  88.40 28.85	31.20 4,596.80 1,211.70	Check
<b>McNally, Julia</b> 28-50 170th Street Flushing, NY 11358 Home Phone: Mobile: Salary Per Pay: 3365.39 SSN: xxx-xx-xxxx Hire Date: 1/27/2003 Status: Active Emp Type: Full time	Gross Regular Bonus	179,365.67 178,365.67 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/00 Single/Head of Household/00	30,814.26 8,239.80 2,587.32 9,851.92 107.97 5,994.59	New York voluntary disability Medical pre-tax 1 Life insurance Transit pass pre-tax	0.50%  23.04 37.15 62.31	31.20 1,199.08 1,931.80 3,180.00	Check

Company: Kosoff P.L.C.  
Year: 2019, Quarter: 4

# Employee Summary

Employee Information		Earnings		Taxes		Deductions		Disbursement Type	
Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD	
								Amount	
Mohabir, Ashti S 160-09 109th Avenue Jamaica, NY 11433 Home Phone: Mobile: Salary Per Pay: 1250.00 SSN: xxx-xx-xxxx Hire Date: 9/10/2016 Status: Active Emp Type: Full time	Gross Regular Bonus 60,307.72 59,807.72 500.00	0.00 0.00 0.00	FIT SOCSECC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/2 Single/Head of Household/2	5,847.77 3,548.65 829.93 2,667.14 91.40 1,820.05	New York voluntary disability Medical pre-tax 1 Transit pass pre-tax	0.50%   30.10 29.31	31.20   1,565.20 1,506.16	Check
Morabita, Leon 49 Ludlow Street # 7B New York, NY 10006 Home Phone: Mobile: Salary Per Pay: 1442.31 SSN: xxx-xx-xxxx Hire Date: 8/1/2016 Termination Date: 8/16/2019 Last Day Worked: 8/8/2019 Status: Terminated Emp Type: Full time	Gross Regular Commission 51,138.92 49,038.54 2,100.38	0.00 0.00 0.00	FIT SOCSECC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/0 Single/Head of Household/0	7,544.86 3,082.86 720.99 2,572.82 1,750.40 75.65	New York voluntary disability Medical pre-tax 1 Life Insurance	0.50%   41.63 1.38	21.00   1,415.42 45.92	Check
Mulienberg, Daniel 500 East 73rd Street Apt D3 New York, NY 10021 Home Phone: Mobile: Salary Per Pay: 1057.70 SSN: xxx-xx-xxxx Hire Date: 12/2/2019 Status: Active Emp Type: Full time	Gross Regular Bonus 4,223.10 3,973.10 250.00	0.00 40.00 0.00	FIT SOCSECC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/1 Single/Head of Household/1	441.03 261.83 61.23 188.06 6.08 128.91	New York voluntary disability	0.50%     	2.40	Check
Myers, Dawn 722 East 40th Street Brooklyn, NY 11210 Home Phone: Mobile: Salary Per Pay: 4326.92 SSN: xxx-xx-xxxx Hire Date: 9/3/1996 Status: Active Emp Type: Full time	Gross Regular Bonus 227,922.92 226,922.92 1,000.00	0.00 0.00 0.00	FIT SOCSECC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/2 Single/Head of Household/2	47,855.36 8,239.80 3,198.00 184.96 14,334.99 107.97 8,760.59	New York voluntary disability Medical pre-tax 1 Life Insurance Parking pass pre-tax Transit pass pre-tax	0.50%   75.71  60.00 0.00	31.20   3,836.92 1,367.60 3,120.00 314.34	Check

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

# Employee Summary

Employee Information		Earnings			Taxes			Deductions			Disbursement Type
	Description	YTD Amount	YTD Hours		Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
<b>Emp Type: Full time</b>											
Palmer, Alexandra 301 East 79th Street Apt 15B New York, NY 10075 Home Phone: Mobile: Salary Per Pay: 1346.15 SSN: xxx-xx-xxxx Hire Date: 4/21/2019 Status: Active Emp Type: Full time	Gross	41,653.81	0.00	FIT	Single/0	5,135.87	New York	0.50%		21.60	Check
	Regular	41,153.81	0.00	SOCSEC		2,436.11	voluntary				
	Bonus	500.00	0.00	MEDCARE	Single/Head of Household/0	569.74	disability				
				NY SIT		1,808.05	Medical pre-tax	41.63		1,457.05	
				NY PFL		62.95	Transit pass	29.31		904.64	
Pitter, Eric N 25-40 Shore Boulevard # 7T Astoria, NY 11102 Home Phone: Mobile: Salary Per Pay: 3365.58 SSN: xxx-xx-xxxx Hire Date: 9/2/2015 Status: Active Emp Type: Full time	Gross	176,995.98	0.00	FIT	Married/3	23,871.86	New York	0.50%		31.20	Check
	Regular	174,711.30	0.00	SOCSEC		8,239.80	voluntary				
	Bonus	1,000.00	0.00	MEDCARE	Married/3	2,496.56	disability				
	Commission	1,284.68	0.00	NY SIT		10,875.07	Medical pre-tax	58.61		3,056.12	
				NY PFL		107.97	Life insurance	3.70		192.40	
Gruvedo, Veronica 34-05 Jordan Street Apt 5D Flushing, NY 11358 Home Phone: Mobile: Salary Per Pay: 961.54 SSN: xxx-xx-xxxx Hire Date: 12/7/2015 Status: Active Emp Type: Full time	Gross	50,500.08	0.00	FIT	Single/2	4,202.94	New York	0.50%		31.20	Check
	Regular	50,000.08	0.00	SOCSEC		3,644.71	voluntary				
	Bonus	500.00	0.00	MEDCARE	Single/Head of Household/2	712.07	disability				
				NY SIT		2,162.59	Life insurance	1.38		71.76	
				NY PFL		176.44	Transit pass	27.23		1,391.91	
Rabizadeh, Jennifer 19 Chicken Lane Great Neck, NY 11024 Home Phone: Mobile: Salary Per Pay: 2115.96 SSN: xxx-xx-xxxx Hire Date: 11/4/2019 Status: Active Emp Type: Full time	Gross	17,423.04	0.00	FIT	Single/0	3,052.66	New York	0.50%		4.90	Check
	Regular	16,923.04	0.00	SOCSEC		1,075.11	voluntary				
	Bonus	500.00	0.00	MEDCARE	Single/Head of Household/0	251.44	disability				
				NY SIT		965.47	Medical pre-tax	20.64		82.56	
				NY PFL		26.89					

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

12 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX

# Employee Summary

Employee Information		Earnings			Taxes		Deductions			Disbursement Type
Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay		YTD Amount	
Emp. Type: Full time										
Ramirez, Crystal 86-03 102 Road Czarna Park, NY 11416 Home Phone: Mobile: Salary Per Pay: 1442.31 SSN: xxx-xx-xxxx Hire Date: 6/4/2015	Gross Regular Bonus	68,288.62 67,788.62 500.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Single/2  Single/Head of Household/2	7,440.48 4,043.47 845.65 3,162.78 103.92 2,154.06	New York voluntary disability Medical pre-tax Transit pass pre-tax	0.50%  30.10 29.31	31.20 1,586.20 1,506.18	Check
Status: Active Emp Type: Full time										
Rodriguez Jr, Anthony J 169 Grand Boulevard Massapequa Park, NY 11762 Home Phone: Mobile: Salary Per Pay: 6346.15 SSN: xxx-xx-xxxx Hire Date: 6/4/2006	Gross Regular Bonus	316,576.80 315,576.80 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE MEDCARE-HI NY SIT NY PFL	Married/2  Married/2	67,057.00 8,238.80 4,454.54 964.88 20,892.81 107.97	New York voluntary disability Medical pre-tax Transit pass pre-tax	0.50%  118.99 62.31	31.20 6,187.48 3,180.00	Check
Status: Active Emp Type: Full time										
Rodriguez, Bryana 2929 West 31st Street Apt 1L1 Brooklyn, NY 11224 Home Phone: Mobile: Salary Per Pay: 1250.00 SSN: xxx-xx-xxxx Hire Date: 8/13/2018	Gross Regular Bonus	60,307.72 59,807.72 500.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Single/0  Single/Head of Household/0	7,896.41 3,645.70 852.62 2,890.93 91.40 1,869.38	New York voluntary disability Transit pass pre-tax	0.50%  29.31	31.20 1,506.05	Check
Status: Active Emp Type: Full time										
Rodriguez, Magda 20 Reinhart Avenue Monroeville, NY 10950 Home Phone: Mobile: Salary Per Pay: 750.00 SSN: xxx-xx-xxxx Hire Date: 10/28/2015	Gross Regular Bonus	25,125.00 24,875.00 250.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Married/0  Married/0	1,788.66 1,557.75 364.31 1,029.86 38.13	New York voluntary disability	0.50%	21.00	Check
Status: Active Emp Type: Full time										

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

13 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX

# Employee Summary

Employee Information		Earnings			Taxes			Deductions			Disbursement Type
Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount			
<div>Samonte, Mary Charmel M 1 River Place #2715 New York, NY 10038 Home Phone: Mobile: Salary Per Pay: 1576.93 SSN: xxx-xx-xxxx Hire Date: 12/3/2019 Status: Active Emp Type: Full time</div>											
Gross Regular Bonus	6,492.34 5,992.34 500.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Single/1 Single/Head of Household/1	876.98 395.28 92.44 318.39 9.93 217.21	New York voluntary disability Transit pass pre-tax	0.50% 29.31	2.40 117.24	Check		
<div>Smee Harrington, Elisabeth 33 Brookside Road Danien, CT 06820 Home Phone: Mobile: Salary Per Pay: 1923.08 SSN: xxx-xx-xxxx Hire Date: 2/8/2016 Status: Active Emp Type: Full time</div>											
Gross Regular Bonus	101,000.16 100,000.16 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Married/0 Married/0	9,194.65 6,117.63 1,430.74 5,239.74 107.97 3,558.54	New York voluntary disability Medical pre-tax Transit pass pre-tax	0.50% 39.89 62.31	31.20 2,079.48 249.24	Check		
<div>Someras, Olga 84-01 Main Street #422 Bharwood, NY 11435 Home Phone: Mobile: Salary Per Pay: 3848.15 SSN: xxx-xx-xxxx Hire Date: 7/30/2018 Status: Active Emp Type: Full time</div>											
Gross Regular Bonus	188,980.55 187,980.55 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Married/0 Married/0	30,287.47 8,239.80 2,710.21 12,320.67 107.97 7,385.74	New York voluntary disability Medical pre-tax Life insurance Transit pass pre-tax	0.50% 46.13 1.85 0.00	31.20 1,706.81 96.20 362.96	Check		
<div>Sosnowski, Nicole M 1208 65th Street Apt D Brooklyn, NY 11219 Home Phone: Mobile: Salary Per Pay: 2884.62 SSN: xxx-xx-xxxx Hire Date: 6/15/2015 Status: Active Emp Type: Full time</div>											
Gross Regular Bonus	150,519.47 149,519.47 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	Single/1 Single/Head of Household/1	27,958.28 8,239.80 2,185.16 9,219.79 107.97 5,756.23	New York voluntary disability Medical pre-tax	0.50% 23.04	31.20 1,198.08	Check		

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

14 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX

# Employee Summary

Employee Information	Earnings			Taxes			Deductions			Disbursement Type
	Description	YTD Amount	YTD Hours	Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
<b>Soto, Marc A</b> 27 Fox Boulevard Mantick, NY 11566 Home Phone: Mobile: Salary Per Pay: 1442.31 SSN: xxx-xx-xxxx Hire Date: 9/8/2019 Status: Active Emp Type: Full time	Gross Regular Bonus	23,576.96 23,076.96 500.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Single/00 Single/Head of Household/00	3,504.77 1,380.58 322.89 1,138.96 36.13	New York voluntary disability Medical pre-tax Transit pass pre-tax	0.50% 38.23 62.31	9.50 509.99 799.59	Check
<b>Steinhart, Steven Y</b> 510 So 1st Avenue Highland Park, NJ 08904 Home Phone: Mobile: Salary Per Pay: 6346.15 SSN: xxx-xx-xxxx Hire Date: 4/28/2003 Status: Active Emp Type: Full time	Gross Regular Bonus Commission	342,296.34 319,098.32 1,000.00 22,258.02	0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Married - but withhold at higher single rate/00 Married - but withhold at higher single rate/00	90,342.58 8,239.80 4,897.28 1,239.69 23,760.86 107.97	New York voluntary disability Medical pre-tax Life insurance	0.50% 87.55 10.67	32.40 4,552.60 564.84	Check
<b>Steinhart, Yosef</b> 510 South First Avenue Highland Park, NJ 08904 Home Phone: Mobile: Hourly: 20.0000 SSN: xxx-xx-xxxx Hire Date: 7/12/2019 Termination Date: 7/19/2019 Last Pay Worked: 7/19/2019 Status: Terminated Emp Type: Temporary	Gross Regular	2,240.00 2,240.00	0.00 112.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Single/00 Single/Head of Household/00	231.50 188.88 82.48 96.03 3.42	New York voluntary disability	0.50%	1.80	Check
<b>Tavaraz, Anaive E</b> 101 South 8th Street Apt 4A Brooklyn, NY 11246 Home Phone: Mobile: Salary Per Pay: 1000.00 SSN: xxx-xx-xxxx Hire Date: 2/3/2016 Status: Active	Gross Regular Bonus	51,500.00 51,000.00 500.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Married - but withhold at higher single rate/00 Married - but withhold at higher single rate/00	5,593.39 2,989.71 694.53 2,228.29 78.03	New York voluntary disability Medical pre-tax Life insurance Transit pass pre-tax	0.50% 41.63 2.01 29.31	30.60 2,123.13 112.51 1,478.25	Check

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

15 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX



# Employee Summary

Employee Information		Earnings			Taxes			Deductions			Disbursement Type
	Description	YTD Amount	YTD Hours		Description	Withholding/ Overrides	YTD Amount	Description	Per Pay	YTD Amount	
Emp Type: Full time					NY-New York City Resident LIT		1,525.91				
Theodoris, Martha 9412 Ridge Boulevard Brooklyn, NY 11209 Home Phone: Mobile: Salary Per Pay: 2684.62 SSN: xxx-xx-xxxx Hire Date: 4/30/2018 Status: Active Emp Type: Full time	Gross Regular Bonus Commission	135,808.57 133,173.29 1,000.00 1,635.38	0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LIT	Single/1 Single/Head of Household/1	23,742.22 8,206.55 1,918.27 7,814.42 107.97 5,034.78	New York voluntary disability Medical pre-tax Transit pass pre-tax	0.50% 30.10 57.23	31.20 1,565.20 1,879.75	Check	
Tzortzatos, Olga 21-23 21st Road Astoria, NY 11105 Home Phone: Mobile: Salary Per Pay: 5576.92 SSN: xxx-xx-xxxx Hire Date: 2/1/2010 Status: Active Emp Type: Full time	Gross Regular Bonus	264,076.79 263,076.79 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE MEDCARE-HI NY SIT NY PFL NY-New York City Resident LIT	Single/2 Single/Head of Household/2	82,541.13 8,239.80 3,806.42 562.60 17,875.67 107.97 10,533.83	New York voluntary disability Medical pre-tax Life insurance	0.50% 30.10 5.08	31.20 1,565.20 264.16	Check	
Urban, Lisa 201 East 28th Street Apt 21B New York, NY 10016 Home Phone: 2126844765 Mobile: Salary Per Pay: 5769.23 SSN: xxx-xx-xxxx Hire Date: 6/2/2014 Status: Active Emp Type: Full time	Gross Regular Bonus Commission	459,519.19 299,519.19 1,000.00 159,000.00	0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE MEDCARE-HI NY SIT NY PFL NY-New York City Resident LIT	Married - but withhold at higher single rate/0 FIT - Addtl \$0.00 Single/Head of Household/2	125,813.47 8,239.80 8,612.33 2,304.21 32,554.81 107.97 18,775.17	New York voluntary disability Transit pass pre-tax	0.50% 30.00	31.20 499.16	Check	
Williams, Michael 37 Wilcox Street Apt 4 Brooklyn, NY 11201 Home Phone: Mobile: Salary: 25.0000	Gross Regular	32,317.04 32,317.04	0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL	Single/2 Single/Head of Household/2	2,407.69 1,868.42 436.97 1,242.34 49.38	New York voluntary disability Medical pre-tax Transit pass pre-tax	0.50% 0.00 0.00	24.40 1,290.53 990.67	Check	

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

16 of 18

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX



# Employee Summary

Employee Information		Earnings		Taxes		Deductions		Disbursement Type
Description	Amount	YTD	Hours	Description	Amount	YTD	Per Pay	Amount
SSN: xxx-xx-xxxx Hire Date: 3/27/2019 <del>Stetson, Active</del> <del>Emp Type: Part time</del>				NY-New York City Resident LT	655.75			
Wright, Latmeek 68 East 58th Street Brooklyn, NY 11203 Home Phone: Mobile: Hourly: 17.50 SSN: xxx-xx-xxxx Hire Date: 6/10/2019 <del>Status: Active</del> <del>Emp Type: Full time</del>	Gross Regular Bonus	11,922.50 11,672.50 250.00	0.00 659.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	1,027.32 708.48 165.99 375.36 17.81 257.70	New York voluntary disability Medical pre-tax 1	0.50% 20.64	17.40 495.36
Wright, Patricia C 65 E 95th Street Apt 2 Brooklyn, NY 11212 Home Phone: Mobile: Salary Per Pay: 2115.39 SSN: xxx-xx-xxxx Hire Date: 5/18/1998 <del>Status: Active</del> <del>Emp Type: Full time</del>	Gross Regular Bonus	111,000.28 110,000.28 1,000.00	0.00 0.00 0.00	FIT SOCSEC MEDCARE NY SIT NY PFL NY-New York City Resident LT	14,881.44 6,882.02 1,609.50 5,672.01 107.97 3,964.51	New York voluntary disability Life insurance 1	0.50% 6.63	31.20 344.76
Pay Frequency Totals:	Weekly			FIT SOCSEC MEDCARE MEDCARE-HI NY SIT NY PFL NY-New York City Resident LT	\$1,304,189.24 \$310,565.86 \$100,642.78 \$9,181.86 \$421,870.02 \$5,247.99 \$198,547.08	New York voluntary disability Medical pre-tax Life insurance Loan Transit pass pre-tax pre-tax Parking pass pre-tax		\$1,630.25 \$111,756.50 \$11,885.17 \$210.00 \$66,740.08 \$6,259.96
Company Totals:	Gross Regular Bonus Misc pay Commission	\$7,125,638.06 \$6,810,176.94 \$40,000.00 \$544.00 \$274,917.12	1,311.00 0.00 0.00 0.00 0.00	FIT SOCSEC MEDCARE MEDCARE-HI NY SIT	\$1,304,189.24 \$310,565.86 \$100,642.78 \$9,181.86 \$421,870.02	New York voluntary disability Medical pre-tax Life insurance 1		\$1,630.25 \$111,756.50 \$11,885.17

Total Employees - Weekly: 68.

Company: Kossoff PLLC  
Year: 2019, Quarter: 4

17 of 18.

Date Printed: 12/30/2019 16:55  
21171837 - RX/GAX

**AT&T TeleConference Services**



Page 3 of 18

ACCOUNT ID: 88764734-00001  
INVOICE #: 103-014311  
PAYMENT DUE DATE: PAYABLE UPON RECEIPT  
CUSTOMER: ATTN: MITCHELL KOSSOFF  
KOSSOFF PLLC

BILL DATE: MAR 01 2021  
BILLING INQUIRIES: (800) 722-3481  
(214) 527-0032

**BALANCE BROUGHT FORWARD:**

PRIOR BALANCE 417.00  
PAYMENTS 0.00

BALANCE FORWARD

417.00

**NEW CHARGES - CREDIT CARD:**

CONFERENCE CHARGES 0.00  
OTHER CHARGES & CREDITS 0.00  
TAXES 0.00  
SURCHARGES 0.00

TOTAL

0.00

**NEW CHARGES - NON CREDIT CARD:**

CONFERENCE CHARGES 207.39  
OTHER CHARGES & CREDITS 103.88  
TAXES 0.00  
SURCHARGES 9.61

TOTAL

320.88

**TOTAL NEW BALANCE (EXCLUDING NEW CREDIT CARD CHARGES)**

737.88

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN WITH REMITTANCE  
(PLEASE WRITE YOUR ACCOUNT ID NUMBER ON YOUR CHECK)

**AT&T TeleConference Services**

ATTN: MITCHELL KOSSOFF  
KOSSOFF PLLC  
217 Broadway  
NEW YORK NY 10007

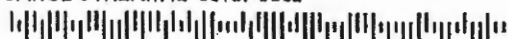


Account Id: 88764734-00001  
Invoice Date: MAR 01 2021

MAKE CHECKS PAYABLE TO:  
AT&T TELECONFERENCE SERVICES  
PO BOX 5002  
CAROL STREAM IL 60197-5002

AMOUNT DUE:

737.88



88764734000010000301202138300000007378800000320889



6/3/2020

Marina Theodoris  
Kossoff PLLC  
217 Broadway Suite 401  
New York NY 10007



American Express  
Attention: Subpoena Response Unit  
43 Butterfield Circle  
El Paso, TX 79906

RE: NY Park N Salem Inc VS Carlos Pedreros AKA  
Case No: 603062019  
American Express File No. CI - 6R2BW

Dear Sir or Madam:

We have assembled the required documents kept in the ordinary course of business responsive to your subpoena or legal document. The cost for production of these documents is set forth below:

**INVOICE**

	Qty		
		\$	-
Hours Worked	6	\$	-
Ground Shipping	1	\$	15.00
Flash Drive-USB	1	\$	10.00
		\$	-
		\$	-
Subtotal		\$	25.00
Paid		\$	(18.00)
Total Due		\$	7.00
Due Date			July 3, 2020

Please send a check payable to American Express along with a copy of this invoice by the indicated due date to the address listed below. We do not accept cash payments.

American Express  
Attention: Subpoena Response Unit  
43 Butterfield Circle  
El Paso, TX 79906  
Our TAX ID NUMBER is 13-3133497

If you have any questions, please feel free to contact us at 1-888-257-7775 and reference the above American Express file number. We are available to assist you Monday through Friday from 9:00 a.m. to 4:00 p.m. Eastern Standard Time.

Sincerely,

American Express Subpoena Response Unit

Tax ID 26-1586198

# Invoice

Invoice # 300541

KOSSOFF, PLLC

**Mitchell Kossoff**

217 BROADWAY, SUITE 401

NEW YORK, NY 10007

Please return a copy of this invoice with your payment.  
Thank You.

Please return a copy of this invoice with your payment.  
Thank You.



CANON FINANCIAL SERVICES, INC.  
14904 Collections Center Drive  
Chicago, IL 60693-0149

**INVOICE**

Address Service Requested

**Remittance Section**

Invoice Number	26357075
Invoice Date	03/05/2021
Payment Terms	Due Date
Total Due	\$50.31

Amount Paid

\$

Use enclosed envelope and make payable to:

6505000551 PRESORT PPS003 <B>



ATTN:  
KOSOFF PLLC  
217 BROADWAY SUITE 401  
NEW YORK NY 10007-2944

CANON FINANCIAL SERVICES, INC.  
14904 COLLECTIONS CENTER DRIVE  
CHICAGO, IL 60693-0149



00263570755 0000005031 001

Keep lower portion for your records - Please return upper portion with your payment.



CANON FINANCIAL SERVICES, INC.

14904 Collections Center Drive  
Chicago, IL 60693-0149

Invoice Number	26357075	Invoice Date	03/05/2021
Payment Terms	Due Date	Total Due	\$50.31

**Important Messages**

This invoice includes charges due for the current billing period.  
Please note that any open charges will continue to remain on your account until paid.

Please remit your **PAYMENTS ONLY** to:

14904 Collections Center Drive  
Chicago, IL 60693-0149

Please send all **CORRESPONDENCE** to:

P.O. Box 5008, Mt. Laurel, NJ 08054  
Via e-mail to: customer@cfs.canon.com  
Via fax to: 856-813-5122

**Itemized Charge Detail and Equipment Schedule**

Contract Number: 0712423-001

Contract Special Ref 1:

Legacy Contract Number: 001-0712423-001

Contract Special Ref 2:

PO #:

Term: 60

Billing Frequency: Monthly

Due Date	Charge Description	Period of Performance	Charge Amt	Tax Amt	Total Due
03/25/2021	Late Fee		50.31	0.00	50.31

Asset Description: B&W Copier

Model: ImageRUNNER ADVANCE 4251

SN: RKP07726

Installation Date: 09/22/2016

Quantity: 1

Asset Location:

217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 0.000%

Asset Description: B&W Copier

Model: ImageRUNNER 6565I

SN: SMJ00773

Installation Date: 09/22/2016

Quantity: 1

Asset Location:

217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 0.000%

**Canon**

CANON FINANCIAL SERVICES, INC.  
14904 Collections Center Drive  
Chicago, IL 60693-0149

**INVOICE**

Address Service Requested

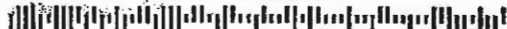
**Remittance Section**

Invoice Number	26329960
Invoice Date	02/27/2021
Payment Terms	Due Date
Total Due	\$2,079.69

Amount Paid \$

Use enclosed envelope and make payable to:

2164009026 PRESORT PBP6023 <B>



ATTN:  
KOSOFF PLLC  
217 BROADWAY SUITE 401  
NEW YORK NY 10007-2944

CANON FINANCIAL SERVICES, INC.  
14904 COLLECTIONS CENTER DRIVE  
CHICAGO, IL 60693-0149



00263299607 0000207969 001

**Canon**

CANON FINANCIAL SERVICES, INC.

14904 Collections Center Drive  
Chicago, IL 60693-0149

Invoice Number	26329960	Invoice Date	02/27/2021
Payment Terms	Due Date	Total Due	\$2,079.69

**Important Messages**

This invoice includes charges due for the current billing period.  
Please note that any open charges will continue to remain on your account until paid.

**Please remit your PAYMENTS ONLY to:**

14904 Collections Center Drive  
Chicago, IL 60693-0149

**Please send all CORRESPONDENCE to:**

P.O. Box 5008, Mt. Laurel, NJ 08054  
Via e-mail to: customer@cfs.canon.com  
Via fax to: 856-813-5122

**Itemized Charge Detail and Equipment Schedule**

Contract Number: 0712423-001

Legacy Contract Number: 001-0712423-001

PO #:

Contract Special Ref 1:

Contract Special Ref 2:

Term: 60

Billing Frequency: Monthly

Due Date	Charge Description	Period of Performance	Charge Amt	Tax Amt	Total Due
03/20/2021	Contract Charge	03/20/2021 - 04/19/2021	1,497.79	132.92	1,630.71
03/20/2021	Insurance Charge	03/20/2021 - 04/19/2021	38.37	0.00	38.37
03/20/2021	Late Fee		410.61	0.00	410.61

Asset Description: B&W Copier

Model: imageRUNNER ADVANCE 4251

SN: RKP07726

Installation Date: 09/22/2016

Quantity: 1

Asset Location:

217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 8.875000%

Asset Description: B&W Copier

Model: imageRUNNER 6565I

SN: SMJ00773

Installation Date: 09/22/2016

Quantity: 1

Asset Location:

217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 8.875000%

**Remittance Section**

Invoice Number 26196755  
Invoice Date 02/05/2021  
Payment Terms Due Date  
Total Due \$248.10

**Canon**

CANON FINANCIAL SERVICES, INC.  
14904 Collections Center Drive  
Chicago, IL 60693-0149

**INVOICE**

Address Service Requested

Amount Paid

\$ \_\_\_\_\_

Use enclosed envelope and make payable to:

9862001271 PRESORT PBPS004 <B>



ATTN:  
KOSOFF PLLC  
217 BROADWAY SUITE 401  
NEW YORK NY 10007-2944

CANON FINANCIAL SERVICES, INC.  
14904 COLLECTIONS CENTER DRIVE  
CHICAGO, IL 60693-0149



00261967551 0000024810 001

Keep lower portion for your records - Please return upper portion with your payment.

**Canon**

CANON FINANCIAL SERVICES, INC.

14904 Collections Center Drive  
Chicago, IL 60693-0149

Invoice Number 26196755 Invoice Date 02/05/2021  
Payment Terms Due Date Total Due \$248.10

**Important Messages**

This invoice includes charges due for the current billing period.  
Please note that any open charges will continue to remain on your account until paid.

Please remit your **PAYMENTS ONLY** to:  
14904 Collections Center Drive  
Chicago, IL 60693-0149

Please send all **CORRESPONDENCE** to:  
P.O. Box 5008, Mt. Laurel, NJ 08054  
Via e-mail to: customer@cfs.canon.com  
Via fax to: 856-813-5122

**Itemized Charge Detail and Equipment Schedule**

Contract Number: 0712423-001

Contract Special Ref 1:

Legacy Contract Number: 001-0712423-001

Contract Special Ref 2:

PO #:

Term: 60

Billing Frequency: Monthly

Due Date	Charge Description	Period of Performance	Charge Amt	Tax Amt	Total Due
02/25/2021	Late Fee		248.10	0.00	248.10

Asset Description: B&W Copier

Model: ImageRUNNER ADVANCE 4251

SN: RKP07726

Installation Date: 09/22/2016 Quantity: 1

Asset Location: 217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 0.000%

Asset Description: B&W Copier

Model: ImageRUNNER 6565I

SN: SMJ00773

Installation Date: 09/22/2016 Quantity: 1

Asset Location: 217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 0.000%





CANON FINANCIAL SERVICES, INC.  
14904 Collections Center Drive  
Chicago, IL 60693-0149

INVOICE

Address Service Requested

Remittance Section

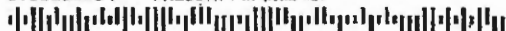
Invoice Number 26174314  
Invoice Date 01/30/2021  
Payment Terms Due Date  
Total Due \$1,669.08

Amount Paid

\$

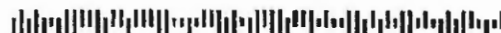
Use enclosed envelope and make payable to:

8750008804 PRESORT PBP8022 <B>



ATTN:  
KOSSOFF PLLC  
217 BROADWAY SUITE 401  
NEW YORK NY 10007-2944

CANON FINANCIAL SERVICES, INC.  
14904 COLLECTIONS CENTER DRIVE  
CHICAGO, IL 60693-0149



00261743148 0000166908 001



CANON FINANCIAL SERVICES, INC.

Keep lower portion for your records - Please return upper portion with your payment.

14904 Collections Center Drive  
Chicago, IL 60693-0149

Invoice Number 26174314 Invoice Date 01/30/2021  
Payment Terms Due Date Total Due \$1,669.08

Important Messages

This invoice includes charges due for the current billing period.  
Please note that any open charges will continue to remain on your account until paid.

Please remit your **PAYMENTS ONLY** to:  
14904 Collections Center Drive  
Chicago, IL 60693-0149

Please send all **CORRESPONDENCE** to:  
P.O. Box 5008, Mt. Laurel, NJ 08054  
Via e-mail to: customer@cfs.canon.com  
Via fax to: 856-813-5122

Itemized Charge Detail and Equipment Schedule

Contract Number: 0712423-001

Contract Special Ref 1:

Legacy Contract Number: 001-0712423-001

Contract Special Ref 2:

PO #:

Term: 60

Billing Frequency: Monthly

Due Date	Charge Description	Period of Performance	Charge Amt	Tax Amt	Total Due
02/20/2021	Contract Charge	02/20/2021 - 03/19/2021	1,497.79	132.92	1,630.71
02/20/2021	Insurance Charge	02/20/2021 - 03/19/2021	38.37	0.00	38.37

Asset Description: B&W Copier

Model: ImageRUNNER ADVANCE 4251

SN: RKP07726

Installation Date: 09/22/2016 Quantity: 1

Asset Location: 217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 8.875000%

Asset Description: B&W Copier

Model: ImageRUNNER 6565I

SN: SMJ00773

Installation Date: 09/22/2016 Quantity: 1

Asset Location: 217 BROADWAY  
SUITE 401  
NEW YORK, NY 10007

Tax Rate: 8.875000%



Kossoff, PLLC  
217 Broadway 401  
New York, NY 10007  
212-267-6364

Billing Date: 12/09/2020  
Billing Period: 12/09/2020 to  
1/08/2021  
Invoice  
Number: 1874190  
Account  
Number: 147137 - 63573

## Account Summary

Previous Account Balance	\$1,811.61
Monthly Charges	\$1,632.90
One Time Charges	\$0.00
Call Usage	\$0.17
Surcharges	\$0.00
Taxes and Fees	\$178.73
Total New Charges - Due 12/09/2020	\$1,811.80
Total Due	\$3,623.41

## Referral Program

Receive one month free service for each new referral that signs up for Citi-Tel voice services.

A late payment charge may apply for unpaid balances. The charge is the greater of \$5 or 1.5% per month or as permitted by law, and are liquidated damages, not a penalty.

If your account is paid via credit card, we have submitted the Total Due to your credit card provider. Payment will be reflected on your next statement pending authorization from your credit card provider and applied automatically on the date we charged your card. If you pay via credit card, there is no need to send in payment at this time.

## Payment Slip

Please return the portion below with your check or money order.

Kossoff, PLLC  
217 Broadway 401  
New York, NY 10007  
212-267-6364

Account Number: 147137 - 63573  
Invoice Number: 1874190  
Billing Date: 12/09/2020

Current Charges: \$1,811.80  
Total Due: \$3,623.41

Amount Paid: \$ \_\_\_\_\_

Citi-Tel Hosting Solutions LLC  
25 Willowdale Ave  
Port Washington, NY 11050



Pay Online  
Questions  
Claims

**BILLING.CNA.COM**  
877-276-7507 M-F 7a-7p CT  
877-262-2727 24/7

**Account Number**  
**Invoice Date**

**0129119284**  
**March 10, 2021**

Payments made that are less than the total amount due with no items disputed will be applied equally to all policies with a balance due. Please contact our Customer Care Center to open a dispute.

001146

KOSSOFF, PLLC  
217 BROADWAYSUITE 401  
NEW YORK NY 10007

2021031100114601021100

### YOUR ACCOUNT IS NOW PAST DUE

You must remit the total amount due immediately to avoid cancellation of your policies. CNA may issue Direct Notice of Cancellation on all past due policies within three business days of this invoice.

### PAST DUE ACCOUNT INFORMATION

Receipt of your payment after policies have cancelled will not automatically result in reinstatement.

In the event of cancellation, you must contact your Agent to make a formal request before reinstatement of cancelled policies will be considered.

### INVOICE SUMMARY

Prior Invoice 2/8/2021	\$	12,028.50
Payments/Adjustments	\$	-6,014.25
Account Fees	\$	7.00
Policy Premiums	\$	6,007.25
<b>AMOUNT DUE NOW</b>	<b>\$</b>	<b>12,028.50</b>

Your Agent:

USI INSURANCE SERVICES, LLC  
MATAWAN NJ (800) 727-7770

**Want to receive your invoice paperlessly?**  
Sign on to [billing.cna.com](http://billing.cna.com) and update your invoice delivery options today!

Continental Casualty Company serves as the payment agent for the underwriting company that issued your policy. CNA is the registered trademark of CNA Financial Corporation.

Page 1 of 4



Bill to

KOSSOFF, PLLC  
217 BROADWAYSUITE 401  
NEW YORK NY 10007

**Account Number** 0129119284  
**Due Date** DUE NOW  
**Amount Due** \$ 12,028.50

Please include account number on your check.

CNA INSURANCE  
PO BOX 74007619  
CHICAGO IL 60674-7619

1000129119284500000120285020000012028502

Community Housing Improvement Program  
5 Hanover Square Suite 1605  
New York, NY 10004


Date	Invoice #
12/6/2020	2020-21-409
BALANCE DUE \$875.00	

Bill To

Mitchell Kossoff  
Kossoff PLLC  
217 Broadway Suite 401  
New York, NY 10007

For any questions regarding this invoice or if address is incorrect or has  
changed please call 212.838.7442 or email [info@chipnyc.org](mailto:info@chipnyc.org).

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Description	Amount
2021 Associate Membership Dues	875.00
<b>Wire Transfer Information</b>  Bank Name: Signature Bank Routing: 026013576 Account: 1503833804 Beneficiary: Community Housing Improvement Program  Contributions or gifts to the Community Housing Improvement Program, Inc. are not tax deductible as charitable contributions for Federal income tax purposes. They may be tax deductible under other provisions of the Internal Revenue Code.  Please make checks payable to: CHIP	
	<b>TOTAL \$875.00</b>



**Bill To:**

115503-0029553 946-0StateM-002  
Kossoff, PLLC  
Julia McNally  
  
217 Broadway, Suite 401  
  
NEW YORK, NY 10007

**Remittance for Invoice**

Customer ID: B15776  
Legacy ID:  
Invoice: 789246  
Invoice Date: 03/01/2021

Due Date:	03/30/2021
Terms:	Net 30 Days

Total Current Charges	\$700.00
Past Due Balance Upon Receipt	1,452.50
Prior Balance	700.00
Late Payment Charge	63.96
<b>Grand Total (USD)</b>	<b>\$2,916.46</b>

**Wire / ACH Information:**

JP Morgan Chase Bank  
Crown Castle Fiber LLC  
Acct #: 198710895  
ABA #: 021000021

For Billing or Payment Inquiries:  
Billing: fiberbillinghd@crowncastle.com  
Phone: (855) 91-FIBER(34237)  
Fax: (724) 416-6473

**Please include the remittance below with your mailed payment.**

**Thank you for your business.**

**For California Customers Only**

Additional information is available at <https://www.crowncastle.com/pdfs/california-customers.pdf>

**For New York Customers Only**

Additional information is available at <https://www.crowncastle.com/new-york-customers.pdf>

**Please Remit Payments to:**

Crown Castle Fiber LLC  
PO Box 28730  
New York, NY 10087-8730

Customer: Kossoff, PLLC  
Customer ID: B15776  
Invoice: 789246

**Total Amount Due (USD) \$2,916.46**

Amount Enclosed

\$

Saturday, January 9, 2021 at 10:56:18 Eastern Standard Time

Subject: Invoice 202613 from Dickinson & Avella, PLLC  
Date: Tuesday, January 5, 2021 at 9:54:00 AM Eastern Standard Time  
From: Dickinson & Avella, PLLC  
To: mkossoff@kaulaw.com  
Attachments: Invoice\_202613\_from\_Dickinson\_\_Avella\_PLLC.pdf

INVOICE 202613 DETAILS

Dickinson & Avella, PLLC

DUE 01/31/2021

**\$3,000.00**

Print or save

Powered by QuickBooks

Dear Kossoff, PLLC,

Here's your invoice! We appreciate your prompt payment.

Have a great day,  
Dickinson & Avella, PLLC

Bill to

Kossoff, PLLC  
217 Broadway, STE 401  
New York, NY 10007

# GREGORY EDWARDS

WORLDWIDE COURT REPORTING © GLOBAL REACH WITHOUT COMPROMISE

WE'RE GROWING, AGAIN.  
PLEASE SEE NEW PAYMENT  
ADDRESS



October 2018 New Remittance Address: 4301 Garden City Drive Suite 420 Hyattsville MD 20785

## INVOICE

EIN: 52-2360813

Date	Invoice #
1/29/2020	117947

Bill To
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Accounts Payable

Ship To
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Ms. Marina Theodoris

GE Job No.	Due Date	Rep	Account #	Ship Via:	Client Project/Billing Information
050719-JTJ	2/29/2020	JN	KOS-NY	Federal Express	103 E 86th Street vs. Cohen

January 8, 2020 - New York, NY  
Deponent: Alexander Brian Cohen

Certified original transcript of Alexander Brian Cohen  
(Five business day expedite)

Court reporter's wait time

Provide PTX, TXT & PDF transcript files - Fee Waived  
Provide minuscrite - Fee Waived  
Create CD Master - Fee Waived

Errata sheet preparation and distribution  
Secure GE cloud server access (transcripts) - Fee Waived

It is a pleasure working with you!

Payment is due on receipt of Invoice. Accounts not paid within 30 days of the date of the Invoice are subject to a 1.5% monthly finance charge. In the event Gregory Edwards retains legal counsel to collect any amount due and owing, the customer agrees to pay Gregory Edwards' attorneys' fees and costs, including contingency fees, regardless of whether formal legal action is filed. If a civil action is filed, the customer agrees that it shall be subject to the exclusive jurisdiction and venue of the state and/or federal courts in Maryland.

**Subtotal** \$1,597.06

**Sales Tax (0.0%)** \$0.00

**Total** \$1,597.06

October 2018 New Remittance Address: 4301 Garden City Drive Suite 420 Hyattsville MD 20785



# GREGORY EDWARDS

WORLDWIDE COURT REPORTING © GLOBAL REACH WITHOUT COMPROMISE

WE'RE GROWING, AGAIN.  
PLEASE SEE NEW PAYMENT  
ADDRESS



~~October 2018 New Remittance Address: 430 Garden City Drive, Suite 420, Hyattsville, MD 20785~~

## INVOICE

EIN: 52-2360813

Date	Invoice #
2/18/2020	118064

<b>Bill To</b>
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Accounts Payable

<b>Ship To</b>
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Ms. Ashley Elem

GE Job No.	Due Date	Rep	Account #	Ship Via:	Client Project/Billing Information
012820-NEJ	3/18/2020	JN	KOS-NY	Federal Express	PSA Lesage vs. Thomas

January 28, 2020 - New York, NY  
Deponent: Tracey Thomas

Certified original transcript of Tracey Thomas

Provide PTX, TXT & PDF transcript files - Fee Waived  
Provide minuscrit - Fee Waived

Errata sheet preparation and distribution  
Secure GE cloud server access (transcripts/exhibits) - Fee Waived

It is a pleasure working with you!

Payment is due on receipt of invoice. Accounts not paid within 30 days of the date of the invoice are subject to a 1.5% monthly finance charge. In the event GregoryEdwards retains legal counsel to collect any amount due and owing, the customer agrees to pay GregoryEdwards' attorneys' fees and costs, including contingency fees, regardless of whether formal legal action is filed. If a civil action is filed, the customer agrees that it shall be subject to the exclusive jurisdiction and venue of the state and/or federal courts in Maryland.

<b>Subtotal</b>	\$728.40
<b>Sales Tax (0.0%)</b>	\$0.00
<b>Total</b>	\$728.40

~~October 2018 New Remittance Address: 430 Garden City Drive, Suite 420, Hyattsville, MD 20785~~

# GREGORY EDWARDS

WORLDWIDE COURT REPORTING & GLOBAL REACH WITHOUT COMPROMISE

WE'RE GROWING AGAIN.  
PLEASE SEE NEW PAYMENT  
ADDRESS



October 2018 New Remittance Address: 401 Garden City Drive, Suite 420, Hyattsville, MD 20785

## INVOICE

EIN: 52-2360813

Date	Invoice #
7/13/2020	118873

<b>Bill To</b>
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Accounts Payable

<b>Ship To</b>
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Ms. Lisa Urban

GE Job No.	Due Date	Rep	Account #	Ship Via:	Client Project/Billing Information
042020(B)-KKJ	7/13/2020	JN	KOS-NY	Federal Express	PSA 818 Eoodward v. Suydam

April 20, 2020 - Zoom Video Deposition  
Real Estate Closing

Process and certify original depo exhibits  
Process and certify original color depo exhibits

Secure GE cloud server access (exhibits) - Fee Waived

It is a pleasure working with you!

Payment is due on receipt of invoice. Accounts not paid within 30 days of the date of the invoice are subject to a 1.5% monthly finance charge. In the event GregoryEdwards retains legal counsel to collect any amount due and owing, the customer agrees to pay GregoryEdwards' attorneys' fees and costs, including contingency fees, regardless of whether formal legal action is filed. If a civil action is filed, the customer agrees that it shall be subject to the exclusive jurisdiction and venue of the state and/or federal courts in Maryland.

<b>Subtotal</b>	\$83.88
<b>Sales Tax (0.0%)</b>	\$0.00
<b>Total</b>	\$83.88

October 2018 New Remittance Address: 401 Garden City Drive, Suite 420, Hyattsville, MD 20785

# GREGORY EDWARDS

WORLDWIDE COURT REPORTING © GLOBAL REACH WITHOUT COMPROMISE



Remittance Address 4301 Garden City Drive • Suite 420 • Hyattsville, MD 20785

## INVOICE

EIN: 52-2360813

Date	Invoice #
1/26/2021	120157

<b>Bill To</b>
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Accounts Payable epitter@kaulaw.com

<b>Ship To</b>
Kossoff, PLLC 217 Broadway, Suite 401 New York, NY 10007 Attn: Mr. Eric Pitter epitter@kaulaw.com

GE Job No.	Due Date	Rep	Account #	Ship Via:	Client Project/Billing Information
011221-EFJ	2/26/2021	JN	KOS-NY	E-Mail	Liebenthal, et al v. Schelner

January 12, 2021 - GE Virtual Deposition  
Deponent: Brett Schelner

Certified original transcript of Brett Schelner

Process and certify original depo exhibits  
Process and certify original color depo exhibits.

Provide PTX, LEF, TXT and PDF transcript files - waived  
Errata sheet preparation and distribution  
Provide minuscule - waived

Remote deposition setup and administration fees - waived  
Secure GE cloud server access (transcripts) - waived

It is a pleasure working with you!

Payment is due on receipt of invoice. Accounts not paid within 30 days of the date of the invoice are subject to a 1.5% monthly finance charge. In the event Gregory Edwards retains legal counsel to collect any amount due and owing, the customer agrees to pay Gregory Edwards' attorneys' fees and costs, including contingency fees, regardless of whether formal legal action is filed. If a civil action is filed, the customer agrees that it shall be subject to the exclusive jurisdiction and venue of the state and/or federal courts in Maryland.

**Subtotal** \$1,277.73

**Sales Tax (0.0%)** \$0.00

**Total** \$1,277.73

4301 Garden City Drive • Suite 420 • Hyattsville, MD 20785

WASHINGTON, DC • HYATTSVILLE • RICHMOND • SAN FRANCISCO • PALO ALTO • NEW YORK • HONG KONG • AUSTIN • DENVER • LOS ANGELES • LONDON

SCHEDULE@GREGORYEDWARDS.COM • 844 4 TEAM GE • FINANCE@GREGORYEDWARDS.COM

**Insurance Bill**

Page 1



**THE HARTFORD**  
Billing Company:  
Hartford Fire Insurance Company

Pay online: [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter)

For Customer Service Call: **1-866-467-8730**  
7 a.m. to 7 p.m. Central Time (Mon - Fri)

Report Claims 24 hours a day: 1-800-327-3636

**Bill Date: 03/08/21**

**Billing Account #: 13559885**

Current Balance: \$8,440.26

Minimum Due: \$2,903.14

Due Date: 04/01/21

Please pay either the Current Balance or no less than the Minimum Due. By paying the Current Balance in full, you can avoid future service fees associated with administering your payment plan. If your payment is not received by the due date, a late fee of \$30.00 will be assessed.

Named Insured: **KOSSOFF PLLC**

Your Agent: **USI/BAR ASSOCIATION PROGRAM/PHS**

**ACCOUNT SUMMARY**

Previous Account Balance	\$7,657.54
Payments & Adjustments	-\$1,428.28
Premium Activity	\$2,204.00
New Fee(s)	\$7.00
<b>Account Balance</b>	<b>\$8,440.26</b>

**IMPORTANT MESSAGES**

**TRANSACTION DETAILS (Since your last bill)**

Transaction Date	Transaction Description	Policy	Policy Type	Payment Adjustment	Premium Activity	New Fee Activity
03/08/21	Service Fee					\$7.00
03/05/21	NY Wc Assmt	39WBGBU0444	Workers Compensation		\$247.00	
03/05/21	Final Audit	39WBGBU0444	Workers Compensation		\$1,957.00	
02/22/21	Electronic Payment- Thank You			-\$1,428.28		
					\$2,204.00	\$7.00

Thank you for selecting The Hartford. We appreciate your business.

Please detach here and insert with your payment. Write the account number on the check and make payable to The Hartford.

Check below and complete reverse side to request:

☐ Address Changes

Account Number: **13559885**

Amount

Enclosed: \_\_\_\_\_

Payment Due Date

**04/01/21**

Current Balance

**\$8,440.26**

Minimum Due

**\$2,903.14**

Mail Payments To:

The Hartford  
P O Box 660916  
Dallas, TX 75266-0916

AB 01 000318 30278 B 1 A



KOSSOFF PLLC  
217 BROADWAY RM 401  
NEW YORK, NY 10007-3398

3913559885073204110000029031400000844026810000

**IVES & SULTAN, LLP**

100 CROSSWAYS PARK DR. WEST

SUITE 206

WOODBURY, NY 11797-2012

FED ID# 11-2715389

(516)496-9500

KOSSOFF, PLLC

Mitchell Kossoff

217 Broadway, Suite 401

New York, NY 10007

Invoice No. 347537

Date 01/05/2021

Client No. 10399

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Financial Statements - three months ended March 31, 2020 and for the six months ended June 30, 2020

\$ 1,000.00

PRIOR BALANCE 1,600.00  
BALANCE DUE \$ 2,600.00

**KANTOLA**  
TRAINING SOLUTIONS  
Mill Valley, CA 94941

# Invoice

Date	Invoice #
10/13/2020	244964

<b>Bill To</b>
Kassoff PLLC. Julia McNally 217 Broadway Suite 401 New York, NY 10007

<b>Ship To</b>
Kassoff PLLC. Julia McNally 217 Broadway Suite 401 New York, NY 10007

P.O. Number	Salesforce Quote #	Sales ID	Ship Via	Terms	Due Date
	00032700	KPS	None	Net 30	11/12/2020
Product	Qty	Sales Price	Discount	Unit Price	Total Price
Harassment Prevention Commonsense New York eLearning - KOD +Seats	45	16.79	0.0	16.79	755.55T
Total sales tax calculated by AvaTax				67.05	67.05
<div> <div></div> <div> Remit to: Kantola Training Solutions, LLC 55 Sunnyside Avenue Mill Valley, California 94941 kantola@kantola.com 415.381.9363 Federal Tax ID #83-1869321 </div> <div> <b>Total</b> \$822.60   <b>Payments/Credits</b> \$0.00   <b>Balance Due</b> \$822.60 </div> </div>					

# STATEMENT

**Mall or FAX back to: (973) 642-4280**

00167327-S  
MITCHELL H KOSSOFF C/O KOSSOFF, PLLC  
STE 401  
217 BROADWAY  
NEW YORK, NY 10007

STATEMENT DATE  
01/06/2021

AMOUNT DUE  
136.37

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

LDM  
NUMBER 00167327-S

MITCHELL H KOSSOFF C/O KOSSOFF, PLLC  
STE 401  
217 BROADWAY  
NEW YORK, NY 10007



PO Box 1027, Summit, NJ 07902-1027  
Tel.: (973) 642-1440, ext. 2

**Mail or FAX back to: (973) 642-4280**

STATEMENT DATE  
01/06/2021

[illegible]**PAYABLE UPON RECEIPT**

Late payments are assessed a finance charge of 1% per month.

AMOUNT DUE

136.37





Invoice	152269-0419M01
---------	----------------

Tax ID#	13-3716338
May 10, 2019	

Bill To: KOSSOFF, PLLC.  
217 BROADWAY, SUITE 401  
NEW YORK, NY 10007

LWK-24436

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In the matter of: 229 WEST 109 STREET REALTY CORP., v. ALICIA HIDALGO  
Attorney Present: STEVEN STEINHART  
File Number: 79034/18

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Deposition taken on May 7, 2019 at the office of KOSSOFF, PLLC., 217 BROADWAY,  
SUITE 401, NEW YORK, NY 10007.

For Spanish Interpreter  
Standard Interpretation  
3 Hours

\$285.00

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Invoice Total:	\$285.00
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Amount Due:	<b>\$285.00</b>
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Please return copy of bill with  
your remittance. Include  
Invoice number on check:

Inv. #	152269-0419M01
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Terms: Net 30, 1.5% finance charge after 30 days  
We accept Visa, MasterCard and American Express  
Pay online at [www.LWinterpreting.com](http://www.LWinterpreting.com)

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Please note that while Legal World Interpreting Inc. will attempt to accommodate third-party billing requests,  
such accommodation in no way relieves the party who ordered the services of their obligation to pay this invoice.

**Worldwide Languages / National Coverage**

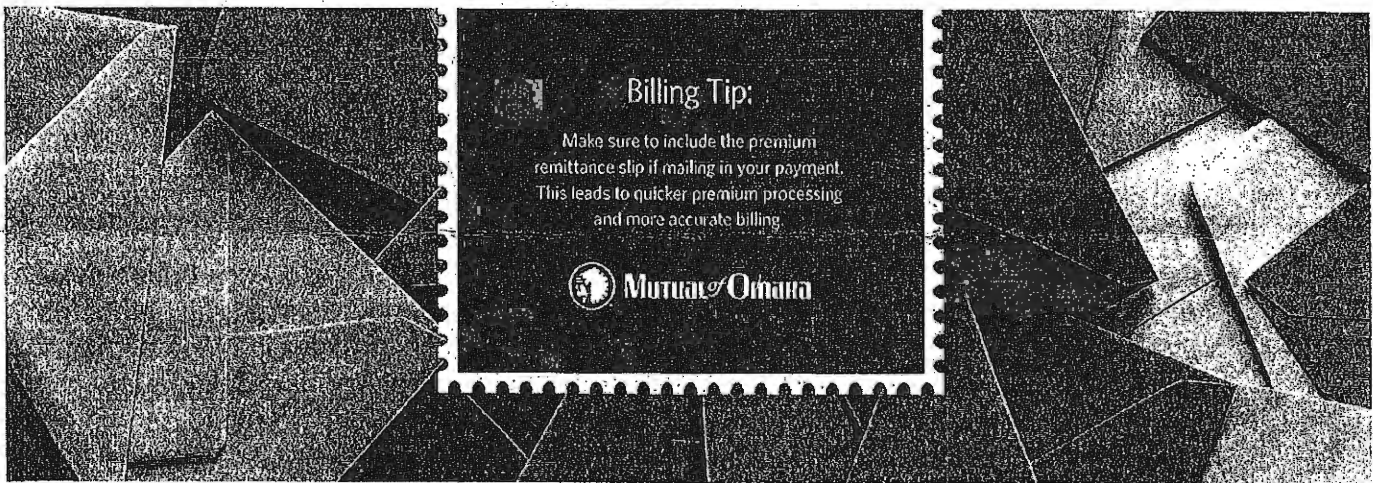
1325 Franklin Ave. Suite 520 Garden City, NY 11530 - 800.254.7891 - 212.766.5900 - Fax 212.766.5905



Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175

PERSONAL & CONFIDENTIAL  
KOSSOFF, PLLC AND TENANTRACERS, LLC  
JULIA MC NALLY  
217 BROADWAY  
SUITE 401  
NEW YORK NY 10007

Group ID: G000ALR2  
Bill Group ID: 0001  
Due Date: 03/01/2021  
Boston Group Office



DETACH HERE AND RETURN THIS SLIP WITH YOUR PAYMENT

**Billing Statement**

**Premium Remittance Slip**

**Invoice Number:** 001176604246

Please make check or money order payable to Mutual of Omaha. Return this premium remittance with your payment to ensure proper credit.



KOSSOFF, PLLC AND TENANTRACERS, LLC  
JULIA MC NALLY  
217 BROADWAY  
SUITE 401  
NEW YORK NY 10007

Group ID: G000ALR2  
Bill Group ID: 0001  
Due Date: 03/01/2021  
Boston Group Office

MUTUAL OF OMAHA  
PAYMENT PROCESSING CENTER  
PO BOX 2147  
OMAHA NE 68103-2147

**TOTAL AMOUNT DUE: \$ 3,077.58**

126201 G000ALR200017 9999999990 00001565676

NEW YORK LEGAL FORMS INC.

11 Park Place Lobby  
New York, NY 10007  
212-619-6012  
212-619-4096

# Invoice

Date	Invoice #
3/4/2021	8290

Bill To
Kossoff, PLLC 217 Broadway RM#401 New York NY10007 ATT:Julia

Ship To
Kossoff, PLLC 217 Broadway RM#401 New York NY10007 ATT:Julia

P.O. No.	Terms	Due Date
MASON	Net 30	4/3/2021

Item	Description	Qty	UOM	Rate	Amount
1	SMD17034 1/3 CUT BLUE LEGAL FILE FOLDERS	1	BX	61.95	61.95T
2	SMD17334 1/3 CUT GRAY LEGAL FILE FOLDERS	1	BX	61.95	61.95T
3	SMD17834 1/3 CUT WHITE LEGAL FILE FOLDERS	1	BX	61.95	61.95T
4	UNV10524 1/3 CUT YELLOW LEGAL FILE FOLDERS	1	BX	39.95	39.95T

<b>Subtotal</b>	\$225.80
<b>Sales Tax (8.875%)</b>	\$20.04
<b>Total</b>	\$245.84
<b>Balance Due</b>	\$245.84



STATEMENT (2/7/2020 - 2/10/2021)

Account: KU

TAX ID # [REDACTED]

PM Legal, LLC

75 Malden Lane, 11th Floor  
New York, NY 10038  
(212) 233-4040  
(212) 732-4327 (fax)  
info@pmlegal.com

ATTN: KOSOFF PLLC  
KOSOFF PLLC  
217 BROADWAY  
NEW YORK, NY 10007

Route: AB1

Date	Invoice#	Plaintiff	Index #	File #	Balance
02/07/20	10256935	118 EAST 7 LLC			287.40
03/07/20	10261067	121 3RD PLACE LLC		121Thrd.Allierl	2,539.00
04/07/20	10264174	145 BLEECKER LLC		145Bleecker.Rem	3,313.00
04/16/20	10285176	COURT SERVICES			65.40
05/07/20	10265648	145 HENRY PARTNERS LLC		145Henry.Ortiz(6E	590.00
06/07/20	10267667	227-231 E 59TH PARTNERS LLC		147Grand.Duval	599.00
07/07/20	10270219	192 LEXINGTON AVENUE LLC		147Grand.Duval	746.00
07/31/20	10272248	COURT SERVICES			52.80
08/07/20	10273224	192 LEXINGTON AVENUE LLC			1,242.00
09/08/20	10277487	122 W. 81 LLC			1,554.00
09/16/20	10280510	COURT SERVICES			49.80
10/07/20	10281594	100 S 4TH ST. LLC			3,697.00
11/07/20	10286225	144 ST LLC			2,646.00
11/16/20	10288891	COURT SERVICES			147.15
12/07/20	10289831	160 EAST 48TH STREET OWNER II LLC		122W26.Fondue2I	3,851.80
12/16/20	10291922	COURT SERVICES			147.15
01/07/21	10292682	122 W. 81 LLC			2,616.00
01/16/21	10295648	COURT SERVICES			196.20
02/07/21	10296662	109 ELDRIDGE PARTNERS LLC		109Eldridge.Peke	744.00
					25,083.70



PrintingHousePress

10 East 39th Street, 7th Floor  
New York, NY 10016

Phone: (212) 719-0990 Fax: (212) 398-9253

To: Nicole Sosnowski, Esq.  
Kossoff, PLLC  
217 Broadway, Suite 401  
New York, NY 10007

## Invoice #70628

*Please refer to invoice number with Payment*

*If this invoice is being forwarded to  
a third party for payment, e.g.,  
Insurance Carrier, Law Firm, Client,  
etc., then please cc: to  
ar@phpny.com. Thank you.*

Invoice Date	Net Terms	Appellate Consultant	Court
1/25/2021	Net 30 Days	Paul LaMar	Appellate Division - Second Department
Shulem Herman v. 818 Woodward LLC Reply Brief			
Quantity	Description	Unit Price	Total
1	30 Page Reply Brief - 10 Copies (includes covers & binding) @	425.00	425.00
1	Electronic File Production and Review @	450.00	450.00
1	Service and Filing (1st party only) @	95.00	95.00
1	Fed Ex Priority Overnight @	41.60	41.60
818 Woodward - Sup Ct. Appeal			

Subtotal: 1,011.60

Sales Tax: 89.77

Total Invoice Amount: 1,101.38

Payment Received: 0.00

Please remit payment by: 2/27/2021

Total Amount Due: 1,101.38



PrintingHousePress

10 East 39th Street, 7th Floor  
New York, NY 10016

Phone: (212) 719-0990 Fax: (212) 398-9253

## Invoice #70415

Please refer to invoice number with Payment

To: Marina M. Theodoris, Esq.  
Kossoff, PLLC  
217 Broadway, Suite 401  
New York, NY 10007

*If this invoice is being forwarded to  
a third party for payment, e.g.,  
Insurance Carrier, Law Firm, Client,  
etc., then please cc: to  
ar@phpny.com. Thank you.*

Invoice Date	Net Terms	Appellate Consultant	Court
1/7/2021	Net 30 Days	Paul LaMar	Appellate Division - First Department
Sokoloff Arts Foundation Inc. v. Nur Ashki Jerrahi Community Respondent's Brief			
Quantity	Description	Unit Price	Total
1	24 Page Respondent's Brief - 8 Copies (includes covers & binding) @	400.00	400.00
1	Typeset Table of Contents @	90.00	90.00
2	Typeset Table(s) of Authorities @	125.00	250.00
1	Printing Specifications Statement @	62.50	62.50
1	Electronic File Production and Review @	250.00	250.00
1	Court Filing @	75.00	75.00
5-7 white Sokoloff			

Subtotal: 1,127.50

Sales Tax: 100.06

Total Invoice Amount: 1,227.57

Payment Received: 0.00

Please remit payment by: 2/7/2021

Total Amount Due: 1,227.57

Tax ID: [REDACTED]



PrintingHousePress

10 East 39th Street, 7th Floor  
New York, NY 10016

Phone: (212) 719-0990 Fax: (212) 398-9253

To: Nicole Sosnowski, Esq.  
Kossoff, PLLC  
217 Broadway, Suite 401  
New York, NY 10007

## Invoice #69620

*Please refer to invoice number with Payment*

*If this invoice is being forwarded to  
a third party for payment, e.g.,  
Insurance Carrier, Law Firm, Client,  
etc., then please cc: to  
ar@phpny.com. Thank you.*

Invoice Date	Net Terms	Appellate Consultant	Court
11/10/2020	Net 30 Days	Paul LaMar	Appellate Division - Second Department
Shulem Herman v. 818 Woodward LLC Cross Appellant Brief			
Quantity	Description	Unit Price	Total
1	68 Page Brief - 10 Copies (includes covers & binding) @	625.00	625.00
1	Electronic File Production and Review @	575.00	575.00
1	Service and Filing (1st party only) @	95.00	95.00
1	Fed Ex Priority Overnight @	39.20	39.20

Subtotal: 1,334.20

Sales Tax: 118.41

Total Invoice Amount: 1,452.61

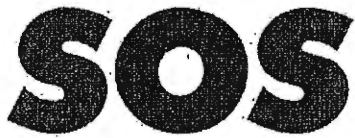
Payment Received: 0.00

Total Amount Due: 1,452.61

Please remit payment by: 12/11/2020

Tax ID: [REDACTED]





# Superior Office Solutions

49 West 37th Street, 3rd Floor  
New York, NY 10018  
Ph:(212) 695 5588 Fax:(212) 967 5678

## CONTRACT INVOICE

Invoice Number: 1015305  
Invoice Date: 1/21/2021  
Account Number: KP02  
Balance Due: \$656.84

Bill To: Kossoff, PLLC  
Julia McNally  
217 Broadway, Suite#401  
New York, NY 10007

Customer: Kossoff, PLLC  
217 Broadway, Suite#401  
New York, NY 10007

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
KP02	Net 30 Days	2/20/2021	\$656.84	\$656.84	
Invoice Remarks					
Contract Number	Contract	Contract Amount	P.O. Number	Start Date	Exp. Date
8068IW-03		\$603.30		10/21/2020	10/20/2021
Contract Remarks					
Email-Actual meters taken through ImageWare					

### Summary:

Contract base rate charge for the 1/21/2021 to 4/20/2021 billing period	\$591.47
Contract overage charge for the 10/21/2020 to 1/20/2021 overage period	\$0.00**
Supply Shipping	\$11.83
	<hr/>
	\$603.30

\*\*See overage details below

### Detail:

#### Equipment Included under this contract

#### CANON/IR ADV6265

Number	Serial Number	Base Adj.	Location
7539	NML08355	\$0.00	Kossoff, PLLC 217 Broadway, Suite#401 New York, NY 10007 IW

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
TOTAL 2 (102)	TOTAL 2	2,613,705	2,656,451		42,746	57,000	0	0.012500	\$0.00
									\$0.00

A late fee of 1.5% per Month with a minimum charge of \$5.00 will be assessed on all past due Invoices.

Invoice SubTotal	\$603.30
Tax:	\$53.54
Invoice Total	\$656.84
Balance Due:	\$656.84



KOSSOFF PLLC  
KEN HATCH  
217 BROADWAY  
APT 401  
NEW YORK, NY 10007-2944

Invoice Number: 058003201030221  
Account Number: 058003201  
Invoice Date: 03/02/21  
Due Date: 03/31/21  
Security Code: 017539

### Summary

Services from 03/01/2021 through 03/31/2021  
details on following pages

Previous Statement Balance	\$429.96
Payments	\$0.00
<b>Previous Statement Balance Subtotal</b>	<b>\$429.96</b>
Adjustments	\$0.00
Prorated Charges	\$0.00
Recurring Charges	\$214.98
One Time Charges	\$0.00
Taxes, Fees & Surcharges	\$0.00
<b>Current Charges Subtotal</b>	<b>\$214.98</b>
<b>BALANCE DUE</b>	<b>\$644.94</b>

### HOW TO CONTACT US

For Sales, Support, or Billing questions, please contact us at:  
1-877-892-4662

### PAYMENT OPTIONS

Checks:  
Time Warner Cable  
Box 223085  
Pittsburgh PA 15251-2085

### ACH/Wire Transfers:

Bank Name: Mellon Bank  
ABA Number: 043000261  
Account Name: Time Warner Cable  
Account Number: 0001215584  
Email remit information to:  
DL-CASHMGMT-FL@CHARTER.COM

### Credit Cards:

<http://enterprise.spectrum.com/billpay>

To set up an automatic recurring credit card payment:  
Call 1-877-892-4662

Thank you for choosing Spectrum Enterprise. We value you as our client and appreciate your prompt payment.

Note: Payments made after 02/20/2021 may not be reflected in the Payments section of this statement. They will appear on the following month's statement.

Please detach and enclose this coupon with your payment.



1900 BLUE CREST LN  
SAN ANTONIO, TX 78247

6610 0225 NO RP 02 03022021 NNNNNNY 01 003115 0011

KOSSOFF PLLC  
KEN HATCH  
217 BROADWAY RM 401  
NEW YORK NY 10007-2944



KEN HATCH  
ACCOUNT NUMBER 058003201

DUE DATE	03/31/21
PREVIOUS BALANCE SUBTOTAL	\$429.96
CURRENT CHARGES SUBTOTAL	\$214.98
<b>BALANCE DUE</b>	<b>\$644.94</b>

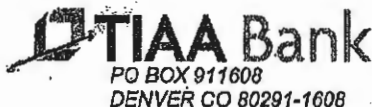
AMOUNT PAID

\$

TIME WARNER CABLE  
BOX 223085  
PITTSBURGH, PA 15251-2085



0019900100105800320178000064494



### Remittance Section

Contract Number	41257061
Invoice Date	11/30/2020
Due Date	12/20/2020
Total Due	\$5,182.96



### Amount Paid

\$

Write your contract number and make check payable to:

TIAA COMMERCIAL FINANCE, INC.  
PO BOX 911608  
DENVER CO 80291-1608



000412570612020113000005182960

Please return above portion with your payment. Do not enclose correspondence.

### Account Information

KOSSOFF, PLLC  
217 BROADWAY SUITE 401  
NEW YORK NY 10007-2944

Contract Number	41257061
Invoice Number	7739450
Invoice Date	11/30/2020
Due Date	12/20/2020
Total Due	\$5,182.96

### Online Access and Overnight Payments

View your account at - [Financeservice.TIAABank.com](https://financeservice.tiaabank.com)

For Overnight Payments Only:  
TIAA COMMERCIAL FINANCE INC.  
1700 Lincoln Street  
Lower Level 3 - Dept #1608  
Denver, CO 80203

Please be advised that we will assess a \$35 fee against your account for any submitted check or ACH payment that is rejected due to non-sufficient funds.

### Summary of Charges

Previous Balance	\$4,535.09
Current Charges	\$647.87
Total Due	\$5,182.96

### Questions and Correspondence

Email: [clientsupport@financeservicecenter.com](mailto:clientsupport@financeservicecenter.com)  
Phone: 1.866.650.8795

Send Correspondence to:  
TIAA Commercial Finance, Inc.  
PO Box 1283  
Charlotte, NC 28201-1283  
(Do Not Mail Payments To This Address)

Insurance Questions (Great American Insurance Co):  
Phone: 1.866.223.6365  
Email: [cs-seattle@gaig.com](mailto:cs-seattle@gaig.com)

### Important Messages

#### URGENT!

Your account has a past due balance. If you have not done so already, please contact us at 1.866.653.8795 to make payment arrangements.

### Sales Tax

If equipment located in AL, DE, Chicago IL, or NM; the Sales Tax amount may include AL Rental Tax, DE Use/Lease Tax, Chicago Transaction Tax, or NM Gross Receipts Tax. If you have questions regarding Sales Tax, please contact us at 1.866.653.8795.

FLORES, TRANSFER



**TitleVest Agency, LLC**  
110 E. 42nd Street, 10th Floor  
New York, NY 10017  
Phone: 212.757.5800  
Fax: 212.757.0466

**Invoice**

To: Kossoff PLLC  
217 Broadway, Suite 401  
Suite 401  
New York NY 10007

Invoice No: 13056-1305621459  
Date: 08-NOV-19

Our File No: AQU720967  
Title Officers: Eric McGivern  
Escrow Officer:

Customer ID: NY1305633  
Bill to ID: NYORK-NY1305633

Attention: Bessie Hadjigeorgi  
Your Reference No:

RE: Property:  
93-46 202ND STREET, NY, USA

Liability Amounts  
Owners Liability: \$0.00

Buyers: VERÓNICA FLORES  
Sellers: JOSE FLORES

Lenders Liability: \$0.00

Description of Charge					
Date	Line Number	Description	Quantity	Unit Price	Amount
08-NOV-19	1	Transaction Tax Form Service Fee	1	\$150.00	\$150.00

**INVOICE TOTAL** \$150.00

Payment Terms: Due On Receipt

Payment

----- Balance Due -----

\$150.00

Comments:

**Thank you for your business!**

*To assure proper credit, please send a copy of this invoice and payment to:  
Attention: Accounts Receivable Department*



UnitedHealthcare Oxford Health Plans  
4 Research Drive  
Shelton, CT 06484

Manage your Account:  
[www.oxfordhealth.com](http://www.oxfordhealth.com)

Invoice No: 308860595773  
Invoice Date: 03/05/2021  
Customer No: 1346093  
Bill Group No: 256313  
Coverage Period: 04/01/2021 - 04/30/2021  
Due Date: 04/01/2021

0662DREGULARBW0003006-09648-01  
KOSSOFF PLLC  
VERONICA FLORES  
217 BROADWAY RM 401  
NEW YORK NY 10007-2944

## Account Summary

Previous Balance	\$112,015.35
Payments (-)	-58,621.67
Account Adjustments (+/-)	\$0.00
Current Charges (+)	\$57,640.48
<b>Total Balance Due</b>	<b>\$111,134.16</b>

57640.48

**Thank you for your business.**

## About Your Payment

We offer several payment options to help you manage your account.

**Pay Online.** Go to [www.oxfordhealth.com](http://www.oxfordhealth.com) to make a one-time payment or schedule monthly payments directly from your bank account.

**Pay By Phone.** Call 1-888-201-4216, TTY 711, 24 hours a day, 7 days a week, to make a payment directly from your bank account.

**Pay By Check.** Use the enclosed envelope to send us your payment. Your payment must be sent to the address on the form below to ensure it is applied to your account. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

Payment is due in full on or before the due date above. If full payment is not received by the end of your grace period, your coverage may be terminated as stated in your policy requirements. If a premium payment is deposited late, it does not automatically mean we will accept the premium.

**Please detach and return with your payment.**

<b>Customer Name</b> KOSSOFF, PLLC	<b>Customer Number</b> 1346093	<b>Payment Due Date</b> 04/01/2021	<b>Invoice #</b> 308860595773
---------------------------------------	-----------------------------------	---------------------------------------	----------------------------------

**Send payment to:**

**Minimum Amount Due: \$111,134.16**

UHS Premium Billing  
PO BOX 94017  
Palatine, IL 60094-4017

Amount Enclosed

[illegible]

308863714600100000111134163088605957733